

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010539

FILED  
May 01, 2009  
Secretary of State

Entity Name: PATHS IN THE SUN INC.

## Current Principal Place of Business:

303 MLK BLVD.  
PORT ST. JOE, FL 32456

## New Principal Place of Business:

## Current Mailing Address:

303 MLK BLVD.  
PORT ST. JOE, FL 32456

## New Mailing Address:

FEI Number: 26-4788453      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

GIVENS, CHARLES  
303 MLK BLVD.  
PORT ST. JOE, FL 32456      US

## Name and Address of New Registered Agent:

GIVENS, CHARLES E  
303 MLK BLVD.  
PORT ST. JOE, FL 32456      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES GIVENS

05/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: GIVENS, CHARLES  
Address: 303 MLK BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D      ( ) Delete  
Name: GIVENS, BRENDA  
Address: 303 MLK BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D      ( ) Delete  
Name: WHITE, TROY  
Address: 203 AVE. C  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D      ( ) Delete  
Name: WHITE, ERIKA  
Address: 203 AVE. C  
City-St-Zip: PORT ST. JOE, FL 32456

Title: D      ( ) Delete  
Name: GIVENS, ERIN  
Address: 303 MLK BLVD.  
City-St-Zip: PORT ST. JOE, FL 32456

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES GIVENS

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date