

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010539

FILED  
Aug 31, 2012  
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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES GIVENS

D

08/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date