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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N09863

Corporation Name

PATHWAYS FOR YOUTH AND FAMILIES, INC.

Principal Place of Business

**S ANDREWS AVE
 LAUD FL 33316**

Mailing Address

**1001 S ANDREWS AVE
 FT LAUD FL 33316
 US**



Principal Place of Business

**1038 N.E. 4TH AVE.
 Suite, Apt. #, etc.**

2a. Mailing Address

**26 1038 N.E. 4TH AVE
 Suite, Apt. #, etc.**

3. Date Incorporated or Qualified

06/17/1985

4. FEI Number

59-2564475

Applied For

Not Applicable

City & State

FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

33304 ☒ **25** **US**

Zip

29 33304 ☒ **30** **US**

9. Name and Address of Current Registered Agent

**WORLDWIDE CORPORATE SERVICES INC.
 ONE FINANCIAL PLAZA
 STE. 2626
 FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

**81 Name MYRICK, BARBARA
 82 Street Address (P.O. Box Number is Not Acceptable) 431 N.E. 9TH AVE.
 83
 84 City FT. LAUDERDALE FL 85 Zip Code 33304**

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D JAFKE, MARTIN 1001 S ANDREWS AVE FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Thomas, Jeff 1.3 STREET ADDRESS 11960 SW 18th Court 1.4 CITY-ST-ZIP Davie, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP CARVO, CARYN GOLDENBE 1001 S ANDREWS AVE FT. LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Caryn Goldenberg Carvo 2.3 STREET ADDRESS One Financial Plaza, Suite 2020 2.4 CITY-ST-ZIP Fort Lauderdale, FL 33394 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D GOBER, MARA 1001 S ANDREWS AVE FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME Paula Revene 3.3 STREET ADDRESS 1120 SE 6th Street 3.4 CITY-ST-ZIP Fort Lauderdale, FL 33301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D GOLDENBERG, STEPHEN 1001 S ANDREWS AVE FT. LAUDERDALE FL 33316 <input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Jason Diamond 4.3 STREET ADDRESS 1201 NE 191st Street, #410 4.4 CITY-ST-ZIP N. Miami, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P THOMAS, J 1001 S ANDREWS AVE FT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME JoAnn Calhoun 5.3 STREET ADDRESS 4435 NW 42nd Street 5.4 CITY-ST-ZIP Lauderdale Lakes, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP REVE, P 1001 S ANDREWS AVE FT LAUDERDALE FL 33316 <input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Barbara J. Myrick 6.3 STREET ADDRESS 1038 NE 4th Avenue 6.4 CITY-ST-ZIP Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/99