

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004181

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** PATHWAY TO HEALING MINISTRIES, AN OPEN DOOR GOSPEL INCORPORATED

**Current Principal Place of Business:**

2251 EUCLID AVENUE  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2251 EUCLID AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 27-2457937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, OLLIE M  
2251 EUCLID AVENUE  
FT MYERS, FL 33901 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: PD  
Name: JAMES, OLLIE M  
Address: 2251 EUCLID AVENUE  
City-St-Zip: FT MYERS, FL 33901

Title: T  
Name: MOORE, WILLIE L REV  
Address: 2666 MANGO STREET  
City-St-Zip: FT MYERS, FL 33916

Title: S  
Name: VALTAINE-MOORE, MIGDALIA  
Address: 2251 EUCLID AVE  
City-St-Zip: FT. MYERS, FL 33901

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: OLLIE M.JAMES

P

03/02/2012

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

\_\_\_\_\_  
Date