

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007366

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** PATHWAYS: AUTISM, CURE & TREATMENT INC.

**Current Principal Place of Business:**

2321 PENNSLYVANIA AVE(P.O.BOX 5403)  
BRADENTON, FL 34281

**New Principal Place of Business:**

2321 PENNSLYVANIA AVE  
5403  
BRADENTON, FL 34281

**Current Mailing Address:**

2321 PENNSLYVANIA AVE(P.O.BOX 5403)  
BRADENTON, FL 34281

**New Mailing Address:**

2321 PENNSLYVANIA AVE  
5403  
BRADENTON, FL 34281

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SCHWANZ, JUDY A  
2321 PENNSLYVANIA AVE  
BRADENTON, FL 34281 US

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

SCHWANZ, JUDY A  
2321 PENNSLYVANIA AVE  
5403  
BRADENTON, FL 34281 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:

02/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHWANZ, JUDY A  
Address: 2321 PENNSLYVANIA AVE SUITE 5403)  
City-St-Zip: BRADENTON, FL 34281

Title: V.P.  
Name: SCHWANZ, PHILIP D  
Address: 2321 PENNSLYVANIA AVE SUITE 5403  
City-St-Zip: BRADENTON, FL 34281

Title: T  
Name: COATES, PHILLIP A  
Address: 2321 PENNSLYVANIA AVE SUITE 5403)  
City-St-Zip: BRADENTON, FL 34281

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: JUDY SCHWANZ

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date