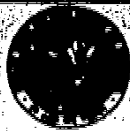


FILE NOW: FILING FEE AFTER MAY 1 IS \$100.00

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MAY -1 AM 7:47

CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23841

(2)

1. Corporation Name

PATHWAYS TO GROWTH, INC.

Principal Place of Business

C/O DR. KAREN L. BORCHERS
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414

Mailing Address

C/O DR. KAREN L. BORCHERS
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0067760

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status☒ \$68.75 Supplemental
Fee Not Required8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

30

9. Name and Address of Current Registered Agent

BORCHERS, KAREN L.
11984 SUELLEN CIRCLE
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or printed name of registered agent and State of registration)

(If 2011 Registered Agent signature required when registering)

(All)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BORCHERS, KAREN L.
STREET ADDRESS 11984 SUELLEN CIRCLE
CITY, ST, ZIP W. PALM BEACH FLTITLE VTD
NAME HILL, JUDITH W.
STREET ADDRESS 5606 PARK DR. W. 2545 N.E. Coachman Rd.
CITY, ST, ZIP W. PALM BEACH FL Clearwater, FL 34625TITLE SD
NAME PETERS, GRACE
STREET ADDRESS 324 HENTHORNE DR.
CITY, ST, ZIP PALM SPRINGS FLTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Karen L. Borchers

4/24/95 (402) 544-4785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Type or Print Name)