NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23841

1. Entity Name

PATHWAYS TO GROWTH, INC.



FILED Jun 02, 2004 8:00 am Secretary of State 06-02-2004 90003 030 ****61.25

	DO NOT WRITE	IN THIS SE	PACE		44046071	
Principal Place of Business 2612 26th Court Suite, Apt. #, etc.		3. Mailing Address 2612 26th Court Suite, Apt. #, etc.		·	DO NOT WRITE IN THIS SPACE	
City & State	e	City & State		4. FEI Number		Applied For
Jupiter, F1. 33477 Zip Country		Jupiter, F1	33477 Country		65-0067760 Not Applicate 5. Certificate of Status Desired \$8.75 Additional	
DO NOT W IN THIS SI			Street Addre	7. Name and Address of Current Registered Agent Name Anita G. Storey Street Address (PO. Box Number is Not Acceptable) 2612 26th Court		
	IN I FIIS SE	AGE	J t City	upiter, F1.	33477 FL	Zip Code
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent		registered office or reg		the state of Florida. I am fam	iliar with, and accept
10.	FEE IS \$61.25 Initial or Amended UBR	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check I Florida Departn	Payable to
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Anita G, S 2612 26th Jupiter, F	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. D. Tony Giordano 10310 154th Rd. N. Jupiter, Fl. 33478		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Rhoda Wats 1103 Still Jupiter, B	TITLE NAME STREET ADDRESS CITY: ST-ZIP	NAME STREET ADDRESS DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP_	D. Deborah Penwell 124 Raintree Trail Jupiter, Fl:33458		TITLE NAME STREET ADDRESS CITY-ST-7P	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Claude R. S	Scott er Lds. Dr.	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			TITLE . NAME STREET ADDRESS			

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

CITY ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Claude. R. Scott