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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Morthang
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PATHWAYS TO EXCELLENCE, INC.

St. Petersburg
N44661

Principal Place of Business

Mailing Address

3455 26th AVENUE SOUTH
ST. PETERSBURG, FLORIDA
33711

3455-26th AVENUE SOUTH
ST. PETERSBURG, FLORIDA
33711

2. Principal Place of Business
21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address
26 SAME AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
9/28/97-RENEWAL

4. FEI Number
59-3128764

Applied For

Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

John Rhodes
2525 Pasadena Avenue, Suite H
St. Petersburg, Florida 33711

10. Name and Address of New Registered Agent

81 Name John Rhodes (Same As Before)

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

83

84 City

FL

85 Zip Code

11. 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or person authorized to sign and file if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5-26-98

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME Dr. Henry J., Lyons
STREET ADDRESS 3455 26th Avenue South
CITY-ST-ZIP St. Petersburg, Florida 33711

TITLE Vice President
NAME Leon Highsmith
STREET ADDRESS 3317 17th Avenue South
CITY-ST-ZIP (33711)

TITLE Secretary/Director
NAME Deborah Blake
STREET ADDRESS 2219 41st Street South
CITY-ST-ZIP (33711)

TITLE Treasurer
NAME William Gale
STREET ADDRESS 5500 5th Street South
CITY-ST-ZIP (33705)

TITLE Executive Director
NAME Deborah L. Lyons
STREET ADDRESS 4264 45th Street South
CITY-ST-ZIP (33711)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Treasurer
4.2 NAME Stephanie J. Lyons
4.3 STREET ADDRESS 2435 Union Street South
4.4 CITY-ST-ZIP (33712)

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 2nd Vice President/Director
6.2 NAME Ashby Hobson
6.3 STREET ADDRESS 115 3rd Street West
6.4 CITY-ST-ZIP Tierra Verde, Florida 33715

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DERORAH L. LYONS

Date: 4/30/98

Daytime Phone #

813-328-2409

CR2E037 (10/97)