

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44661

1. Corporation Name

PATHWAYS TO EXCELLENCE OF ST. PETERSBURG, INC.

Principal Place of Business

3455 26TH AVENUE SOUTH  
ST. PETERSBURG FL 33711  
US

Mailing Address

3455 26TH AVENUE SOUTH  
ST. PETERSBURG FL 33711  
US

FILED  
Aug 24, 1999 8:00 am  
Secretary of State

08-24-1999 90005 011 \*\*\*\*70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

08/13/1991

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

9. Name and Address of Current Registered Agent

RHOADES, JOHN  
2525 PASADENA AVENUE  
SUITE H  
ST. PETERSBURG FL 33711

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 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LYONS, HENRY J DR.  
STREET ADDRESS 3455 26TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711  
☒ DELETE

TITLE V  
NAME HIGHSMITH, LEON  
STREET ADDRESS 3317 17TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711  
☒ DELETE

TITLE S/D  
NAME BLAKE, DEBORAH  
STREET ADDRESS 2219 41ST STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711  
☐ DELETE

TITLE T  
NAME LYONS, STEPHANIE J  
STREET ADDRESS 2435 UNION STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712  
☒ DELETE

TITLE EXED  
NAME LYONS, DEBORAH L  
STREET ADDRESS 4264 45TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711  
☐ DELETE

TITLE V/D  
NAME HOBSON, ASHBY  
STREET ADDRESS 115 3RD STREET WEST  
CITY-ST-ZIP TIERRA VERDE FL 33715  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME HIGHSMITH, LEON  
1.3 STREET ADDRESS 3317-17TH AVENUE SOUTH  
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33712  
☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME LYONS, DEBORAH L  
2.3 STREET ADDRESS 4264-45TH STREET SOUTH  
2.4 CITY-ST-ZIP ST. PETERSBURG FL 33711  
☒ Change ☐ Addition

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

4.1 TITLE T  
4.2 NAME RONALD D. DAVIS  
4.3 STREET ADDRESS 2621-MARTIN LUTHER KING STREET SOUTH  
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705  
☐ Change ☒ Addition

5.1 TITLE EXED  
5.2 NAME DORIS JACKSON-EDWARDS  
5.3 STREET ADDRESS 1919-22ND AVENUE SOUTH  
5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33712  
☐ Change ☒ Addition

6.1 TITLE V/D  
6.2 NAME PERRY, SHEILA J  
6.3 STREET ADDRESS 2500-38TH STREET SOUTH  
6.4 CITY-ST-ZIP ST. PETERSBURG, FL 33711  
☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 727-327-0554/

CR2E037 (11/98)

00630321