

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001015

FILED
Apr 07, 2004
Secretary of State

Entity Name: PATHWAYS DROP IN CENTER, INC.

Current Principal Place of Business:

1313 30TH ST
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560942
ORLANDO, FL 328560942 US

New Mailing Address:

FEI Number: 59-3180070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KULL, III, JOHN N PRESIDE
1812 DORRIS DR.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KULL, J. NELSON
Address: 1812 DORIS DR.
City-St-Zip: ORLANDO, FL 328076336 US

Title: D () Delete
Name: DECKER, ROBERT MR.
Address: 608 MARIPOSA STREET
City-St-Zip: ORLANDO, FL 32801 US

Title: C () Delete
Name: POLK, SR., CHRISTOPHER V
Address: 1315 37TH STREET
City-St-Zip: ORLANDO, FL 32839 US

Title: D () Delete
Name: ISRAEL, GERALD
Address: 2803 WEST ARLINGTON STREET
City-St-Zip: ORLANDO, FL 32805 US

Title: D () Delete
Name: LANGHAM, JODY
Address: 1162 BALLYSHANNON PKWY
City-St-Zip: ORLANDO, FL 32828 US

Title: D () Delete
Name: GRAHAM, BETTY
Address: 901 WEST 23RD STREET
City-St-Zip: ORLANDO, FL 32805 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN N KULL, III

MR.

04/07/2004

Electronic Signature of Signing Officer or Director

Date