

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001015

1. Entity Name
PATHWAYS DROP IN CENTER, INC.



Principal Place of Business
**1313 30TH ST
ORLANDO, FL 32805 US**

Mailing Address
**P.O. BOX 560942
ORLANDO, FL 32856-0942 US**



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3180070

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John N. Kull III*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2007

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KULL, J. NELSON
STREET ADDRESS	1812 DORIS DR.
CITY-ST-ZIP	ORLANDO, FL 328076336
TITLE	D
NAME	DECKER, ROBERT MR.
STREET ADDRESS	425 COLUMBIA STREET
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	C
NAME	POLK, SR., CHRISTOPHER V
STREET ADDRESS	1315 37TH STREET
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	ISRAEL, GERALD
STREET ADDRESS	2803 WEST ARLINGTON STREET
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	HELSEL, DONNA
STREET ADDRESS	8161 VIA ROSSA
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	GRAHAM, BETTY
STREET ADDRESS	901 WEST 23RD STREET
CITY-ST-ZIP	ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80018-013 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Nelson Kull III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2007

Date

407-617-3311

Daytime Phone #