

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001015

FILED
Jan 20, 2009
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 (X)

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: BEVAN, LINDA MS.
Address: 111 RIVERPARK COURT
City-St-Zip: ORLANDO, FL 32779 US

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

Title: D () Delete
Name: BACALLAO, STEPHEN MR.
Address: 4300 GABRIELLA LANE
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: HELSEL, DONNA
Address: 8161 VIA ROSSA
City-St-Zip: ORLANDO, FL 32836 US

Title: D () Delete
Name: GRAHAM, BETTY
Address: 2524 PULASKI AVE.
City-St-Zip: ORLANDO, FL 32818 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: D (X) Change () Addition
Name: ADAMS, DEANNE MS.
Address: 1086 B EAST MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32806 US

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 exemption stated 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 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: J. NELSON KULL, III

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date