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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003195 (5)

1. Corporation Name

PATHFINDER OUTDOOR EDUCATION, INC.



Principal Place of Business

108 2ND ST.
BELLEAIR BEACH FL 34635

Mailing Address

108 2ND ST.
BELLEAIR BEACH FL 33766-3209
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33786

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
07/16/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3252028

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANE, MARCIA E
108 2ND ST.
BELLEAIR BEACH FL 34635

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 33786

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 ☐ DELETE

NAME DP
STREET ADDRESS LANE, MARCIA E
CITY-ST-ZIP 108 2ND ST.
BELLEAIR BEACH FL 34635

TITLE ☐ DELETE

NAME DT
STREET ADDRESS KONSTANTINIDIS, HARRIET
CITY-ST-ZIP 820 WILLOW BRANCH
CLEARWATER FL 34624

TITLE ☐ DELETE

NAME DS
STREET ADDRESS DUNFIELD, HELEN
CITY-ST-ZIP 456 20 AVE.
INDIAN ROCKS BEACH FL 34655

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 33786

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 103 Old Mill Pond Rd.

2.4 CITY-ST-ZIP Palm Harbor, FL 34683

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Helen Savage (married)

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 33785

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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: Marcia Lane

4-22-97 818-595-9337

CR2E037 (9/96)