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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000003195 (5)

1. Corporation Name

PATHFINDER OUTDOOR EDUCATION, INC.



Principal Place of Business

Mailing Address

108 2ND ST.
BELLEAIR BEACH FL 33786
US

108 2ND ST.
BELLEAIR BEACH FL 34634
US

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

59-3252028

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

403 Bamboo Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

Largo, FL

23

28

Zip

Country

Zip

Country

33770

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, MARCIA E

108 2ND ST.

BELLEAIR BEACH FL 33786

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

403 Bamboo Lane

03

04 City

Largo

FL

05

Zip Code

33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, ~~remains~~ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME LANE, MARCIA E

1.2 NAME

STREET ADDRESS 108 2ND ST.

1.3 STREET ADDRESS

403 Bamboo Lane

CITY-ST-ZIP BELLEAIR BEACH FL

1.4 CITY-ST-ZIP

Largo, FL 33770

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DT KONSTANTINIDIS, HARRIET

2.2 NAME

STREET ADDRESS 103 OLD MILL POND RD

2.3 STREET ADDRESS

CITY-ST-ZIP PALM HARBOR FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME DS SAVAGE, HELEN

3.2 NAME

STREET ADDRESS 456 20 AVE.

3.3 STREET ADDRESS

CITY-ST-ZIP INDIAN ROCKS BEACH FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Marcia E. Lane Marcia E. Lane

4-28-98

818-586-5929

CR2E037 (10/97)