


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2008 8:00 am**  
**Secretary of State**

05-30-2008 90220 029 \*\*\*\*61.25

<b>DOCUMENT # N93000003195</b> 1. Entity Name <b>PATHFINDER OUTDOOR EDUCATION, INC.</b>					
Principal Place of Business <b>3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG, FL 33713 US</b>			Mailing Address <b>3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG, FL 33713 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LASHER, SCOTT S 3125 5TH AVENUE NORTH SUITE A-2 ST. PETERSBURG, FL 33713</b>				Name <b>Betsy A. McFarland</b> Street Address (P.O. Box Number is Not Acceptable) <b>3125 5th Avenue N, # A-2</b> <b>St. Petersburg, FL 33713</b> City <b>FL</b> Zip Code	
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 <u>Betsy A. McFarland</u> , Betsy A. McFarland <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>1-14-08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASHER, SCOTT E			NAME	
STREET ADDRESS	3125 5TH AVENUE NORTH SUITE A-2			STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713			CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, ASTRID			NAME	
STREET ADDRESS	2935 WHITNEY RD.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, MARCIA E			NAME	
STREET ADDRESS	1442 KINGWOOD ST			STREET ADDRESS	
CITY-ST-ZIP	YPSILANTI, MI 48197			CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, MOLLY			NAME	
STREET ADDRESS	15724 PUCKETT RD.			STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33525			CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSEY, MATT			NAME	
STREET ADDRESS	2740 WESTCHESTER DR. S.			STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
<b>SIGNATURE:</b> <u>Betsy A. McFarland</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				S-1-08 927-328-8504 <small>Date Daytime Phone #</small>	