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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002453 (8)**

1. Corporation Name

THE UNLIMITED PATH, INC.



Principal Place of Business 882 W 11 ST SHOPPING CENTER PANAMA CITY FL 32401	Mailing Address 882 W 11 ST SHOPPING CENTER PANAMA CITY FL 32401
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3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3248418

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Country

24 Zip

29 Country

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

**RANDOLPH, BERTRAND
1416 N.E. 14TH TERRACE
GAINESVILLE FL 32601**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DR. ROBERT	
STREET ADDRESS	7338 HIGHWAY 2301	
CITY - ST - ZIP	PANAMA CITY FL 32401	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, BERTRAND	
STREET ADDRESS	1416 NE 14 TERRACE	
CITY - ST - ZIP	GAINESVILLE FL 32601	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	VAUGHAN, DOOROTHY	
STREET ADDRESS	4120 VOYLES ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, SHEILA	
STREET ADDRESS	1416 NE 14 TERR	
CITY - ST - ZIP	GAINESVILLE FL 32601	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT-KEITH, GLORIA J	
STREET ADDRESS	1103 E 11 STREET	
CITY - ST - ZIP	PANAMA CITY FL 32401	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, ROSE	
STREET ADDRESS	308 W 26 STREET	
CITY - ST - ZIP	LYNN HAVEN FL 32444	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Deceased
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President Michael Tanner
2.3 STREET ADDRESS	703 Michael Drive
2.4 CITY - ST - ZIP	Panama City, FL 32404

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President Dorothy Vaughan
3.3 STREET ADDRESS	4120 Voyles Rd
3.4 CITY - ST - ZIP	Panama City, FL 32409

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Sheila Randolph** **Sheila Randolph** **4/01/98** **352-375-8965**

CP2E037 (10/97)