FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400002453

THE UNLIMITED PATH, INC.

Principal Place of Business

Mailing Address

Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90118 036 ***158.75

882 W 11 ST SHOPPING CENTER PANAMA CITY FL 32401 SHOPPING CENTER PANAMA CITY FL 32401 SHOPPING CENTER PANAMA CITY FL 32401									
· '	lace of Business	2a. Mailing Address	1(1	7	- err	3. Date Incorporated or Qualif 05/16/1994	ed		
21		26 1416 NE	17	13	<u> </u>	- 4-FEI Number			Applied For
~ Suite; Apt.	#, etc. —	Suite, Apt. #, etc.			·	59-3248418			ot Applicable
22		City & State							Additional
City & Stat	te	- C			5. Certificate of Status Desired Fee Required				
23	Country	28 (2001) (2)		untry	<u> </u>	6. Election Campaign Financi		\$5.00	D May Be
Zip	r—,,	29 32601	30		SA .	Trust Fund Contribution	.a 🗆		to Fees
24	9. Name and Address of Current	28 000	30 (Υ	/ 	10. Name and Address of Ne	w Registered		
	5. Name and Address of Content	registered Agent		81	Name				
ALLIDOLDIL DESTRUD									
RANDOLPH, BERTRAND					Street Add	iress (P.O. Box Number is Not Acc	вршоне)		
1416 N.E. 14TH TERRACE									,
GAINESVI	LLE FL 32601			83					
				84	City		FL	85 Zip	Code
	to the provisions of Sections 617.0502		tan tha	abovo	named cor	poration submits this statement for	the numoes of	changing i	ts registered
agent. I a	to the provisions of Sections 617,0502 registered agent, or both, in the State c am familiar with, and accept the obligat Signature, typed or printed name of registered agent	ions of, Section 617.0503, FR	mua Sia	ilules.		ed when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECT	
TITLE	VP	☐ DELETE	1.1 T	TILE				Change	e Addition
NAME	TANNER, MICHAEL		1.2 N	NAME					
STREET ADDRESS	703 MICHAEL DRIVE		1.3 5	TREET	ADDRESS			•	
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 0	CITY-ST	-ZIP				
TITLE	TD	☐ DELETE	2.1 T	MLE				☐ Change	e 🔲 Addition
NAME			2.2 N	2.2 NAME					
STREET ADDRESS	ALLA LIE AL TERRACE	er care no e - agrecolation i de set and	23 5	STREET	ADDRESS			سدة تأحضت	<u> </u>
CITY-ST-ZIP	GAINESVILLE FL 32601		•	CITY-S	I .	Company			
TITLE	P	☐ DELETE		ITLE	F			Change	Addition
NAME	VAUGHAN, DOOROTHY	•	3.21	NAME	N/	aughan, Dol	rothi	ノ	
STREET ADDRESS	4400 MOVIED DOAD		3.3 9	STREET	ADDRESS	1170 Voules	load	ノ _ニ ュ	
	PANAMA CITY FL 32409			CITY-S	<u>با</u>	TO MY OF CLA	THE	32	407
CITY-ST-ZIP	SD	☐ DELETE	_	IIILE			71.	Change	e 🗌 Addition
NAME	RANDOLPH, SHEILA	_		NAME					
STREET ADDRESS	4440 ME 44 TEDD				ADDRESS	•			
- '	GAINESVILLE FL 32601			CITY-S1	1				•
CITY-ST-ZIP	D	□ DELETE	_	IIILE	144			Chang	e 🔲 Addition
	HUNT-KEITH, GLORIA J		8 '	NAME					-
NAME	ALON E AL OTOFFT				ADDRESS				
STREET ADDRESS	PANAMA CITY FL 32401			CITY-S1	ŀ		. *		
CITY-ST-ZIP	D PANAMA CITT FL 32401	☐ DELETE		TITLE	-			Chang	e Addition
1 HULE	1 12	ے اعلان ہے	-,,,						

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

BUTLER, ROSE

308 W 26 STREET

LYNN HAVEN FL 32444

TITLE

STREET ADDRESS

CITY-ST-ZIP