2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 8:00 am Secretary of State

02-26-2004 90031 002 ****70.00 DOCUMENT # N94000004025 PATHWAY TO PEACE CHRISTIAN CHURCH, INC. 94020849 Principal Place of Business Mailing Address 5808 LYNN ROAD PO BOX 271650 TAMPA, FL 33688 TAMPA, FL 33624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3261767 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent rancisco TORRES, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 603 STHENRY BRANDON, FL 33511 oring Hall Drive Zip Code 34606 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Trust Fund Contribution Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE Delete TITLE TORRES, FRANCISCO NAME NAME Spring Hill 1016 CARDONNA STREET STREET ADDRESS STREET ADDRESS 34606 TAMPA, FL 33619 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE Change **⊠** Addition Kodnguez REYES, LENA NAME NAME 521 Edgewater Place Blud. 377 ESTERO COURT STREET ADDRESS STREET ADDRESS FL 33615 SAFETY HARBOR, FL 34695 CITY-ST-ZIP Addition TITLE **Q** Delete TITLE Change lian Cardona RIOS, SONIA NAME NAME 8616 Cobbler Place STREET ADDRESS 9206 SHELLGROVE CT STREET ADDRESS 33610 CITY-ST-ZIP TAMPA, FL 33615 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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 ottper like empowered.

SIGNATURE

MACTICAL TO LOUS Francisco Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

2/19/04

813-908-0893