

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90050 018 \*\*\*\*70.00

<b>DOCUMENT # N94000004025</b>					
<b>1. Entity Name</b> PATHWAY TO PEACE CHRISTIAN CHURCH, INC.					
<b>Principal Place of Business</b> 5808 LYNN ROAD TAMPA, FL 33624			<b>Mailing Address</b> PO BOX 271650 TAMPA, FL 33688		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3261767	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TORRES, FRANCISCO 7569 SPRING HILL DR. SPRING HILL, FL 34606			<b>7. Name and Address of New Registered Agent</b> Name: <u>Torres, Francisco</u> Street Address (P.O. Box Number is Not Acceptable): <u>3009 Morgan St.</u> City: <u>Tampa</u> FL Zip Code: <u>33603</u>		
<b>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.</b>					
SIGNATURE: <u>Francisco Torres</u> <u>Francisco Torres, President</u> <u>1/23/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> TORRES, FRANCISCO		<input type="checkbox"/> Delete	<b>TITLE</b> Torres, Francisco PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 7569 SPRING HILL DR.	<b>CITY-ST-ZIP</b> SPRING HILL, FL 34606			<b>STREET ADDRESS</b> 3009 Morgan St.	<b>CITY-ST-ZIP</b> Tampa, FL 33603
<b>TITLE</b> SD	<b>NAME</b> RODRIGUEZ, SONIA		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8521 EDGEWATER PL BLVD.	<b>CITY-ST-ZIP</b> TAMPA, FL 33615			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> TD	<b>NAME</b> CARDONA, LILLIAN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Villeda, Jose TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 8616 COBBLER PL	<b>CITY-ST-ZIP</b> TAMPA, FL 33615			<b>STREET ADDRESS</b> 10017 Oslin St.	<b>CITY-ST-ZIP</b> Tampa, FL 33615
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 			<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 
<b>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 other like empowered.</b>					
<b>SIGNATURE:</b> <u>Francisco Torres</u> <u>Francisco Torres</u> <u>1/23/05</u> <u>813-230-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					