


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90193 021 \*\*\*\*70.00

<b>DOCUMENT # N97000003839</b>	
1. Entity Name <b>PATHWAYS TO LIFE INC.</b>	

Principal Place of Business <b>10851 NE 110TH AVE H BRONSON FL 32621 US</b>	Mailing Address <b>10851 NE 110TH AVE H BRONSON FL 32621 US</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3494803</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent  <b>CLARK, DIANNE 11771 NE 93RD TERRACE BRONSON FL 23621</b>
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *Dianne Clark* DATE *4/14/04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKLIN, FRED</b> <b>9157 NE 102 COURT</b> <b>BRONSON FL 32621</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>RICHERSON, BIL</b> <b>213 NE 15TH TERR.</b> <b>OCALA FL 34470</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>GETZ, ALICE</b> <b>4444 U. S. 98N LOT 177</b> <b>LAKELAND FL 33809</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CLARK, DIANNE DAILEY</b> <b>11771 NE 93RD TERRACE</b> <b>BRONSON FL 32621</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAILEY, JASON</b> <b>11771 NE 118TH LANE</b> <b>BRONSON FL 32621</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>MOUNTIAN, BILLY BIG</b> <b>1933 SW 9TH RD.</b> <b>OCALA FL 34474</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Juan Rodriguez</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>310 N.W. 25th St</b> <b>Newberry Fla. 32669</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Angela Oberlin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10692 Acme Rd</b> <b>Wellington Fla 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>maureen</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5891 NE 120th Ave</b> <b>BRONSON FL 32621</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Dianne Clark* *4/8/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #