## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003839

Entity Name: PATHWAYS TO LIFE INC.

MOUNTAIN, BILLY BIG

1933 SW 9TH RD.

OCALA, FL 34474

Name:

Address:

City-St-Zip:

FILED Feb 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11771 NE 93RD TERRACE BRONSON, FL 32621 **Current Mailing Address: New Mailing Address:** P.O. BOX 1286 BRONSON, FL 32621 US FEI Number: 59-3715228 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, DIANNE 11771 NE 93RD TERRACE BRONSON, FL 32621 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: BOD () Delete () Change () Addition OBERLIN, ANGELA Name: Name: 10692 ACME RD Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: BOD () Delete Title: BOD (X) Change ( ) Addition Name: MOUNTAIN, MARY ANN BIG Name: FIE, MAUREEN E Address: 1933 SW 9TH RD. Address: 8891 NE 120TH AVE City-St-Zip: OCALA, FL 34474 City-St-Zip: BROSNON, FL 32621 Title: **PTR** () Delete Title: () Change () Addition CLARK, DIANNE DAILEY Name: Name: 11771 NE 93RD TERRACE Address: Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition Name: DAILEY, JASON Name: Address: 11771 NE 118TH LANE Address: City-St-Zip: BRONSON, FL 32621 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DIANNE CLARK PTR 02/05/2009