

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002342

FILED
Feb 24, 2009
Secretary of State

Entity Name: PATHWAY COUNSELING MINISTRIES, INC.

Current Principal Place of Business:

1054 GOULD PLACE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1054 GOULD PLACE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3569407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, CHARLES A REV.
1054 GOULD PLACE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: WISE, CHARLES A REV.
Address: 1054 GOULD PLACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: FOREHAND, WAYNE
Address: 45 W. BROADWAY
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: JOHNSON, JACKIE MRS.
Address: 1684 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: KIDDEY, RICHARD
Address: 3211 W. SOCRUM LOOP RD.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KIDDEY, RICHARD
Address: 3211 W. SOCRUM LOOP ROAD
City-St-Zip: LAKELAND, FL 33810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES A. WISE

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date