

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2007 08:00 AM  
Secretary of State

DOCUMENT # N99000004686

1. Entity Name

PATHWAY TO PEACE PROGRAM, INC.



Principal Place of Business

2511 E. 3RD ST.  
PANAMA CITY, FL 32401

Mailing Address

2511 E. 3RD ST.  
PANAMA CITY, FL 32401



04102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2802343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

8. Name and Address of Current Registered Agent

ROSIER, VERNETTE DR.  
1303 WISCONSIN AVE.  
LYNN HAVEN, FL 32444

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000706891  
04/24/07-80053-009 70.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
ROSIER, VERNETTE DR.  
1303 WISCONSIN AVE  
LYNN HAVEN, FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPC  
ROSIER JR, DAVID DR.  
1303 WISCONSIN AVE  
LYNN HAVEN, FL 32444

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CRITTEN, LINDSAY L  
1305 KRISTANNA DRIVE  
PANAMA CITY, FL 32405

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PENDER, KIM  
604 S GAY  
PANAMA CITY, FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SCOTT, LUTHER E JR  
3005 FAIRMONT DR  
PANAMA CITY, FL 32403

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/07

(850) 769-5442