

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026135

FILED
Apr 21, 2009
Secretary of State

Entity Name: PATHWAYS: COUNSELING AND CONSULTING SERVICES, INC.

Current Principal Place of Business:

12840 BAYSHORE COURT
JACKSONVILLE, FL 32223

New Principal Place of Business:

9521 SHELLIE ROAD
SUITE 15
JACKSONVILLE, FL 32257

Current Mailing Address:

12840 BAYSHORE COURT
JACKSONVILLE, FL 32223

New Mailing Address:

9521 SHELLIE ROAD
SUITE 15
JACKSONVILLE, FL 32257

FEI Number: 26-2690098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADIGWEME, MARIA
12840 BAYSHORE COURT
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

ADIGWEME, MARIA
9521 SHELLIE ROAD
SUITE 15
JACKSONVILLE, FL 32257 US

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: _____

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADIGWEME, MARIA
Address: 12840 BAYSHORE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: P () Delete
Name: ADIGWEME, ALOY
Address: 12840 BAYSHORE COURT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADIGWEME, MARIA
Address: 9521 SHELLIE ROAD STE 15
City-St-Zip: JACKSONVILLE, FL 32257

Title: P (X) Change () Addition
Name: ADIGWEME, ALOY
Address: 9521 SHELLIE ROAD STE 15
City-St-Zip: JACKSONVILLE, FL 32257

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. ADIGWEME

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date