

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000007284

**Entity Name:** PATHWAY TO HEALTH, INC.

**Current Principal Place of Business:**

8006 BLUE MARLIN WAY  
ORLANDO, FL 32822

**Current Mailing Address:**

PO BOX 560931  
ORLANDO, FL 32856 US

**FEI Number:** 26-0632176

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KNIGHT, LINDA LOU  
8006 BLUE MARLIN WAY  
ORLANDO, FL 32822 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:** LINDA L KNIGHT

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name KNIGHT, LINDA LOU  
Address 8006 BLUE MARLIN WAY  
City-State-Zip: ORLANDO FL 32822

Title VP  
Name MARTIN, CARMEN J  
Address 4200 AINSLEY COURT  
City-State-Zip: EDMOND OK 73034

Title SEC  
Name MARTIN, CARMEN J  
Address 4200 AINSLEY COURT  
City-State-Zip: EDMOND OK 73034

Title TREASURER  
Name BELL, KYLE KRISTOPHER  
Address 472 LOOSESTRIFE WAY  
City-State-Zip: ST. AUGUSTINE FL 32095

Title TRUSTEE  
Name HILLMAN, DANIEL  
Address 5128 DORIAN AVE.  
City-State-Zip: BELLE ISLE FL 32812

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA L KNIGHT

**PRESIDENT**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date