

**2023 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

02/18/2023

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	PO BOX 1246
City-State-Zip:	GUTHRIE OK 73044

Title	SEC
Name	MARTIN, CARMEN J
Address	PO BOX 1246
City-State-Zip:	GUTHRIE OK 73044

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:** KNIGHT, LINDA LOU

PRESIDENT

02/18/2023

Electronic Signature of Signing Officer/Director Detail

Date