2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000746

Entity Name: FORWARD PATHS FOUNDATION, INC.

FILED
Jan 14, 2016
Secretary of State
CC5397657674

Current Principal Place of Business:

1005 WEST MAIN STREET ROOM 102 LEESBURG, FL 34748

Current Mailing Address:

PO BOX 492109

LEESBURG, FL 34749

FEI Number: 46-2442032 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURRY, DENISE 1005 WEST MAIN STREET ROOM 102 LEESBURG, FL 34748 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	D, P	Title	DIRECTOR
Name	BURRY, DENISE L	Name	ABOYTES, JOELLE
Address	401 SUNNYSIDE DR.	Address	1601 W. STATE RD. 44
City-State-Zip:	LEESBURG FL 32806	City-State-Zip:	WILDWOOD FL 34785

Title DIRECTOR Title DIRECTOR

Name GRIMES, JULIE Name WOOTEN, SHARON

Address 30549 ORANGE AVE. Address 6600 TUSCAWILLA DRIVE
City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

Title DIRECTOR AND VICE PRESIDENT Title DIRECTOR, TREASURER

NameBONYNGE, JACOBNameSMALLEY, JOANAddress2115 PINE BLUFF AVEAddress1002 S.. 9TH ST.City-State-Zip:ORLANDO FL 32806City-State-Zip:LEESBURG FL 34748

Title DIRECTOR AND SECRETARY Title DIRECTOR

Name PONDS, COURTNEY Name GRIFFIN, LAKESHA

Address 3845 MAGNOLIA DRIVE Address 1005 WEST MAIN STREET

City-State-Zip: LEESBURG FL 34748

City-State-Zip: LEESBURG FL 34748

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: DENISE BURRY PRESIDENT 01/14/2016