

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1300000746

FILED
Mar 11, 2015
Secretary of State
CC2734832711

Entity Name: FORWARD PATHS FOUNDATION, INC.

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
Name BURRY, DENISE L
Address 401 SUNNYSIDE DR.
City-State-Zip: LEESBURG FL 32806

Title DIRECTOR
Name ABOYTES, JOELLE
Address 1601 W. STATE RD. 44
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name GRIMES, JULIE
Address 30549 ORANGE AVE.
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name WOOTEN, SHARON
Address 6600 TUSCAWILLA DRIVE
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR AND TREASURER
Name BONYNGE, JACOB
Address 2115 PINE BLUFF AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SMALLEY, JOAN
Address 1002 S.. 9TH ST.
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR AND VICE PRESIDENT
Name BROWN, LOUISE
Address 267 RESERVE DRIVE
City-State-Zip: TAVARES FL 34778

Title DIRECTOR AND SECRETARY
Name PONDS, COURTNEY
Address 3845 MAGNOLIA DRIVE
City-State-Zip: LEESBURG FL 34748

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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 L. BURRY

DIRECTOR AND
PRESIDENT

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRIFFIN, LAKESHA
Address 1005 WEST MAIN STREET
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JACKSON, RAVEAN
Address 1005 WEST MAIN STREET
City-State-Zip: LEESBURG FL 34748