

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000746

Entity Name: FORWARD PATHS FOUNDATION, INC.

Current Principal Place of Business:

401 SUNNYSIDE DR.
LEESBURG, FL 34748

Current Mailing Address:

PO BOX 492109
LEESBURG, FL 34749

FEI Number: 46-2442032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURRY, DENISE
401 SUNNYSIDE DR.
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 JACKSON, RAVEAN
Address 4 HERALD DRIVE
City-State-Zip: LEESBURG FL 34748

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

Title DIRECTOR
Name HILTY, MARCIA
Address 11 SAND LAKE PLACE
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR
Name HOWELL, BARBARA
Address 12703 MONTEVISTA ROAD
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name HOWELL, NORMAN
Address 12703 MONTEVISTA ROAD.
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name LINDMEIER, SAMANTHA
Address 100 SOUTH 11TH ST.
SUITE 101
City-State-Zip: LEESBURG FL 34748

Continues on page 2

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: WILLIAM SCHANLABER

SECRETARY

03/15/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR AND VICE PRESIDENT
Name SENNET, LYNN
Address 704 BOYLE STREET
City-State-Zip: LEESBURG FL 34748

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

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

Title DIRECTOR
Name SCHANLABER, SALLY
Address 25304 FOREST OAK COURT
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 BROWN, LOUISE
Address 267 RESERVE DRIVE
City-State-Zip: TAVARES FL 34778

Title DIRECTOR, AND SECRETARY
Name SCHANLABER, WILLIAM
Address 25304 FOREST OAK COURT
City-State-Zip: LEESBURG FL 34748