

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000746

Entity Name: FORWARD PATHS FOUNDATION, INC.

Current Principal Place of Business:

1005 WEST MAIN STREET
ROOM 102
LEESBURG, FL 34748

FILED
Jan 04, 2024
Secretary of State
8862401725CC

Current Mailing Address:

PO BOX 492109
LEESBURG, FL 34749 US

FEI Number: 46-2442032

Certificate of Status Desired: No

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

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

Title VP
Name WOOTEN, SHARON
Address 19147 PARK PLACE BLVD.
City-State-Zip: EUSTIS FL 34726

Title PRESIDENT
Name BONYNGE, JACOB
Address 150 WEST READING WAY
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DOLAN, LARRY J
Address 797 TEAGUE TRAIL #9203
City-State-Zip: LADY LAKE FL 32159

Title DIRECTOR
Name THOMAS , PATRICK
Address 5020 GRIFFIN VIEW DR.
City-State-Zip: LADY LAKE FL 32159

Title SECRETARY
Name HILL, SARA
Address 7328 POOL COMPASS LOOP
City-State-Zip: WESLEY CHAPEL FL 33545

Title TREASURER
Name HALIDAY, ANDREW
Address 918 SHORE ACRES 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 BURRY

EXECUTIVE DIRECTOR

01/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RITCHIE, LAUREN
Address 16723 COUNTY ROAD 448
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR
Name CONWELL, KAIRISE
Address PO BOX 492109
City-State-Zip: LEESBURG FL 34749

Title DIRECTOR
Name PALMER, SALLYANNE
Address 431 BRADLEY TERRACE
City-State-Zip: THE VILLAGES FL 32162