

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006269

**FILED**  
**Apr 19, 2018**  
**Secretary of State**  
**CC3118986544**

**Entity Name:** PATHFINDERS MINISTRIES, INC.

**Current Principal Place of Business:**

10214 CARRIAGE GLEN CT.  
TAMPA, FL 33615

**Current Mailing Address:**

PO BOX 310275  
TAMPA, FL 33610 US

**FEI Number: 82-1396972**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEARSON, RHONDA R  
10214 CARRIAGE GLEN CT.  
TAMPA, FL 33615 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 P  
Name PEARSON, JOHNNIE L  
Address 10214 CARRIAGE GLEN CT.  
City-State-Zip: TAMPA FL 33615

Title VP, SECRETARY  
Name PEARSON, RHONDA R  
Address 10214 CARRIAGE GLEN CT.  
City-State-Zip: TAMPA FL 33615

Title T  
Name PEARSON, STACEY  
Address 10214 CARRIAGE GLEN CT.  
City-State-Zip: TAMPA FL 33615

Title DIRECTOR  
Name BERRY, DWAYNE  
Address PO BOX 14277  
City-State-Zip: NEWPORT NEWS VA 23608

Title DIRECTOR  
Name BERRY, GWEN  
Address PO BOX 14277  
City-State-Zip: NEWPORT NEWS VA 23608

*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: JOHNNIE L PEARSON**

**PRESIDENT**

**04/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date