

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90035 010 \*\*\*\*61.25

**DOCUMENT # 726067**

1. Entity Name

**PASTORAL COUNSELING SERVICES, INC.**

*R*

Principal Place of Business

Mailing Address

2140 MANGO PLACE  
 JACKSONVILLE FL 32207

2140 MANGO PLACE  
 JACKSONVILLE FL 32207-3326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1515557**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUTLAND-WALLIS, JOHN**  
 2140 MANGO PLACE  
 JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COFER, CHARLES</b>	
STREET ADDRESS	<b>1147 GREENRIDGE ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRACKEN, MICHAEL</b>	
STREET ADDRESS	<b>FLORIDA HEALTH ALLIANCE, 1061 RIVERSIDE AV</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHIPPERFIELD, ALAN</b>	
STREET ADDRESS	<b>25 N. MARKET ST., #200</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TIMONERE, RON</b>	
STREET ADDRESS	<b>1300 RIVERPLACE BLVD., SUITE 200</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>Louis Lothman</b>	
STREET ADDRESS	<b>2140 Mango Pl</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE	<b>V</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Rutland-Wallis</b>	
STREET ADDRESS	<b>2140 Mango Pl</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE	<b>T</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>David Verner</b>	
STREET ADDRESS	<b>2140 Mango Pl</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE	<b>D</b>	Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cofe, Charles</b>	
STREET ADDRESS	<b>1147 Greenridge Road</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32207</b>	
TITLE		Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Rutland-Wallis*

**John Rutland-Wallis**  
 Date: **4/30/00** (904) 398-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE