

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91529 013 ****61.25

DOCUMENT # 726067

1. Entity Name

PASTORAL COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

**2140 MANGO PLACE
 JACKSONVILLE FL 32207**

**2140 MANGO PLACE
 JACKSONVILLE FL 32207**

400000



DO NOT WRITE IN THIS SPACE

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

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

**MARTINEZ, SUSAN M
 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	P	<input type="checkbox"/> Delete
NAME	LOTHMAN, LOUIS	
STREET ADDRESS	2140 MANGO PL	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTINEZ, SUSAN M	
STREET ADDRESS	2140 MANGO PL	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOREY, SALLY	
STREET ADDRESS	849 PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFER, CHARLES	
STREET ADDRESS	1147 GREENRIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	DARBY, VERNA	
STREET ADDRESS	2140 MANGO PL	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vickie Thomas Bossuot	
STREET ADDRESS	2020 Park St.	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Paylor	
STREET ADDRESS	2815 Madrid Ave., E.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Bass	
STREET ADDRESS	24 N. Market St, Suite 400	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth I. Mosser	
STREET ADDRESS	12127 Oldfield Point Dr.	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Williams	
STREET ADDRESS	819 Park St.	
CITY-ST-ZIP	Jacksonville, FL 32204	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (904) 398-2437
 Date Daytime Phone #

CR2E037 (9/01)