


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90030 019 ****61.25

DOCUMENT # 726067

1. Entity Name
PASTORAL COUNSELING SERVICES, INC.



Principal Place of Business
**2140 MANGO PLACE
 JACKSONVILLE, FL 32207**


Mailing Address
**2140 MANGO PLACE
 JACKSONVILLE, FL 32207**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03182005 Chg-NP CR2E037 (10/03)

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

**OAKLEY, CHRISTINE
 2140 MANGO PLACE
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTHMAN, LOUIS 2140 MANGO PL JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Orth 9563 Beauclerc Terr. Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKLEY, CHRISTINE 2140 MANGO PL JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Williams c/o Riverside United Meth. 819 Park St. Jax., FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSUOT, VICKIE T 2020 PARK ST. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzanne Bass 3731 Hendrick St Ave So Jax., FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFER, CHARLES 1147 GREENRIDGE ROAD JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eleanor Lyon 4025 W. Alhambra Dr. Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARBY, VERNA 2140 MANGO PL JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYLOR, JOANNE 2815 MADRID AVE E. JACKSONVILLE, FL 32217

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: *Christine Oakley* **3-22-05 904-398-2437**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #