

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90119 040 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1515557

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

1st MOORE

CR2E037 (10/05)



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

*Christine Oakley*  
 Signature, typed or printed name of registered agent and title if applicable

Christine Oakley  
 (NOTE: Registered Agent signature required when reinstating)

1-17-06  
 DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

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	OAKLEY, CHRISTINE	
STREET ADDRESS	2140 MANGO PL	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSUOT, VICKIE T	
STREET ADDRESS	2020 PARK ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COFER, CHARLES	
STREET ADDRESS	1147 GREENRIDGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELEANOR, LYON	
STREET ADDRESS	4025 W. ALHAMBRA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAYLOR, JOANNE	
STREET ADDRESS	2815 MADRID AVE E.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> 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 exemptions contained in Section 119, 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* Christine Oakley 1-17-06 904-398-2437