

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90017 034 ****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 - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



1st MOORE CR2E037 (10/06)

| | | | |
|---|--------------|--------------------------------|--|
| City & State | City & State | 4. FEI Number 59-1515557 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUZANNE BASS 3791 HENDRILKS AVE. JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OAKLEY, CHRISTINE 2140 MANGO PL JACKSONVILLE FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JIM ORTH 9563 BEAUCLEGG TERR JACKSONVILLE, FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOSSUOT, VICKIE T 2020 PARK ST. JACKSONVILLE FL 32258 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARK R. PATEILK 4029 ATLANTIC BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELEANOR, LYON 4025 W. ALHAMBRA DR. JACKSONVILLE FL 32207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MICHAEL O'BRIEN 1604 ARCADIAN DR #310 JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAYLOR, JOANNE 2815 MADRID AVE E. JACKSONVILLE FL 32217 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Christina Oakley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 904-398-2437
 Date Daytime Phone #