

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726067

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: PASTORAL COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

2140 MANGO PLACE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

2140 MANGO PLACE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-1515557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OAKLEY, CHRISTINE  
2140 MANGO PLACE  
JACKSONVILLE, FL 32207      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LOTHMAN, LOUIS  
Address: 2140 MANGO PL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: V      ( ) Delete  
Name: OAKLEY, CHRISTINE  
Address: 2140 MANGO PL  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: BOSSUOT, VICKIE T  
Address: 2020 PARK ST.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D      ( ) Delete  
Name: PATRICK, MARK R  
Address: 4029 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: BASS, SUZANNE  
Address: 3731 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      (X) Delete  
Name: ORTH, JIM  
Address: 9563 BEAUCLERC TERR  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ORTH, JIM  
Address: 9563 BEAUCLERC TERRACE  
City-St-Zip: JACKSONVILLE, FL 32257

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE OAKLEY

V

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date