

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726067

**FILED**  
**Feb 26, 2015**  
**Secretary of State**  
**CC8217654749**

**Entity Name:** PASTORAL COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

2140 MANGO PLACE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2140 MANGO PLACE  
JACKSONVILLE, FL 32207

**FEI Number:** 59-1515557

**Certificate of Status Desired:** No

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

LOTHMAN, JUDITH F  
2140 MANGO PLACE  
JACKSONVILLE, FL 32207 US

*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:** JUDITH F LOTHMAN

02/26/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LOTHMAN, LOUIS  
Address        2140 MANGO PL  
City-State-Zip: JACKSONVILLE FL 32207

Title            BOARD MEMBER  
Name            BOSSUOT, VICKIE  
Address        2020 PARK ST.  
City-State-Zip: JACKSONVILLE FL 32258

Title            BOARD MEMBER  
Name            PATRICK, MARK R  
Address        4029 ATLANTIC BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title            BOARD MEMBER  
Name            VIRGINIA, MCMILLAN  
Address        4552 SUMMER HAVEN BBD.  
City-State-Zip: JACKSONVILLE FL 32258

Title            SECRETARY, TREASURER  
Name            LOTHMAN, JUDITH F  
Address        2140 MANGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title            BOARD MEMBER  
Name            THOMAS, CLIFF  
Address        3640 HERSCHELL STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title            BOARD MEMBER  
Name            CARPENTER, MARILYN R  
Address        12440 MANDARIN RD  
City-State-Zip: JACKSONVILLE FL 32223

Title            BOARD MEMBER  
Name            DANIELS, LAD  
Address        2140 MANGO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE:** LOUIS R. LOTHMAN

**PRESIDENT**

02/26/2015

Electronic Signature of Signing Officer/Director Detail

Date