

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2014
Secretary of State
CC3231588580

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

04/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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 LOTHMAN

PRESIDENT

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date