

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726067

**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

05/03/2013

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 ORTH, JIM  
Address 9563 BEAUCLERC TERRACE  
City-State-Zip: JACKSONVILLE FL 32257

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

*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:** MARK R PATRICK

**DIRECTOR**

05/03/2013

Electronic Signature of Signing Officer/Director Detail

Date