

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726067

FILED
Mar 25, 2019
Secretary of State
1702864208CC

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: Yes

Name and Address of Current Registered Agent:

THOMAS, CLIFF
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: CLIFF THOMAS

03/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CHAIRMAN
Name TOUCHTON, BETH
Address 5365 NAVIGATORS WAY
City-State-Zip: JACKSONVILLE FL 32277

Title PRESIDENT
Name THOMAS, CLIFF
Address 1800 MC INTOSH PL.
City-State-Zip: JACKSONVILLE FL 32210

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

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

Title BOARD MEMBER
Name PRINCE, RYAN
Address 10225 HAMLET GLEN DR.
City-State-Zip: JACKSONVILLE FL 32221

Title BOARD MEMBER
Name GARNER, JAMES
Address 1713 RIVER OAKS RD.
City-State-Zip: JACKSONVILLE FL 32207

Continues on page 2

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: CLIFF THOMAS

EXECUTIVE DIRECTOR

03/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name HOLLIDAY, LASHANTAH
Address 11850 ALEXANDRA DR.
City-State-Zip: JACKSONVILLE FL 32218