2020 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: 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   05/26/2020

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	BOARD EMERITUS		Title	BOARD EMERITUS
Name	PATRICK, MARK R		Name	TOUCHTON, BETH
Address	4029 ATLANTIC BLVD		Address	5365 NAVIGATORS WAY
City-State-Zip:	JACKSONVILLE FL 32207		City-State-Zip:	JACKSONVILLE FL 32277
Title	PRESIDENT		Title	BOARD MEMBER
Name	THOMAS, CLIFF		Name	GARNER, JAMES
Address	1800 MC INTOSH PL.		Address	1713 RIVER OAKS RD.
City-State-Zip:	JACKSONVILLE FL 32210		City-State-Zip:	JACKSONVILLE FL 32207
Title	BOARD MEMBER		Title	CHAIR ELECT
Name	HOLLIDAY, LASHANTAH		Name	SOUD, CATHY
Address	11850 ALEXANDRA DR.		Address	1222 RIVER OAKS RD.
City-State-Zip:	JACKSONVILLE FL 32218		City-State-Zip:	JACKSONVILLE FL 32207
Title	BOARD MEMBER			
Name	DAVIS, KIM			
Address	3138 SCENIC OAKS DR.			
City-State-Zip:	JACKSONVILLE FL 32226			

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   05/26/2020

Electronic Signature of Signing Officer/Director Detail   Date