

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708129

FILED
Mar 11, 2009
Secretary of State

Entity Name: THE PACE WATER SYSTEM, INC.

Current Principal Place of Business:

4401 WOODBINE RD
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

4401 WOODBINE RD
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-1098296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOTSON, TED
4650 BESSINGER LN
PACE, FL 32571 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BEST, HAROLD L.
Address: 5351 STAFFORD CIR.
City-St-Zip: PACE, FL

Title: D () Delete
Name: GRANT, RANDY W
Address: 4131 BAYFRONT TERRANCE
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: HINSON, PAUL
Address: 4500 BELL LANE
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: HITCHCOCK, GEORGE
Address: 5648 FIRESTONE DRIVE
City-St-Zip: PACE, FL

Title: D () Delete
Name: THOMPSON, SONDRAL
Address: 4125 PLANT AVENUE
City-St-Zip: PACE, FL 32571

Title: PD () Delete
Name: GODWIN, MAX R
Address: 4325W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: FOWLER SR, MARVIN
Address: 3441 LUTHER FOWLER ROAD
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HINSON, PAUL
Address: 4500 BELL LANE
City-St-Zip: PACE, FL 32571

Title: SD (X) Change () Addition
Name: HITCHCOCK, GEORGE
Address: 5648 FIRESTONE DRIVE
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GODWIN, MAX R
Address: 4325 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAX R GODWIN

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date