

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714617

FILED
Apr 28, 2005
Secretary of State

Entity Name: PACE ATHLETIC AND RECREATION ASSOCIATION, INCORPORATED

Current Principal Place of Business:

HWY US 90
PACE, FL 32571 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1031
PACE, FL 32571 US

New Mailing Address:

FEI Number: 59-2990006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, DIANE
4666 MAGNOLIA HILL CT.
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: PD () Delete
Name: BAXLEY, CHARLES
Address: 16021 CURTIS RD
City-St-Zip: PACE, FL 32571

Title: VD () Delete
Name: WARD, ALBERT
Address: 5651 CHAMPIONS DR.
City-St-Zip: PACE, FL 32571

Title: TD () Delete
Name: MENDOZA, DIANE E
Address: 4666 MAGNOLIA HILL CT.
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: FIARCO, LUCRETIA
Address: 4963 PATTOCK PL
City-St-Zip: PACE, FL 32571

Title: SD () Delete
Name: HARRIS, MEG
Address: 4391 PACE LANE
City-St-Zip: PACE, FL 32571

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change () Addition
Name: ANDREWS, DEARL
Address: 5260 CRYSTAL CREEK DR.
City-St-Zip: PACE, FL 32571

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

Title: VD () Change (X) Addition
Name: KEE, TRAVIS
Address: 4412 STEPHENS ROAD
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DIANE MENDOZA

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date