

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90008 005 \*\*\*\*61.25

<b>DOCUMENT # 714617</b>			
<b>1. Entity Name</b> PACE ATHLETIC AND RECREATION ASSOCIATION, INCORPORATED			
<b>Principal Place of Business</b> HWY US-90 PACE, FL 32571 US		<b>Mailing Address</b> PO BOX 1031 PACE, FL 32571 US	
<b>2. Principal Place of Business - No P.O. Box #</b> 5976 Chumuckla Hwy Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc. Same as above	
<b>City &amp; State</b> Pace, FL		<b>City &amp; State</b> Same as above	
<b>Zip</b> 32571		<b>Country</b> US	
<b>4. FEI Number</b> 59-2990006		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MILLER, TRACEY 5760 WINDERMERE TRACE PACE, FL 32571		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> <i>Tracey Miller, Tracey Miller, Treasurer</i> <b>1/24/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> PD <b>NAME</b> BAXLEY, CHARLES <b>STREET ADDRESS</b> 16021 CURTIS RD <b>CITY - ST - ZIP</b> PACE, FL 32571	<input type="checkbox"/> Delete		
<b>TITLE</b> VP <b>NAME</b> SMITH, MICHAEL <b>STREET ADDRESS</b> 2878 GREYSTONE DR. <b>CITY - ST - ZIP</b> PACE, FL 32571	<input type="checkbox"/> Delete		
<b>TITLE</b> T <b>NAME</b> MILLER, TRACEY <b>STREET ADDRESS</b> 5760 WINDERMERE TRACE <b>CITY - ST - ZIP</b> PACE, FL 32571	<input type="checkbox"/> Delete		
<b>TITLE</b> VD <b>NAME</b> ANDREWS, DEARL <b>STREET ADDRESS</b> 5260 CRYSTAL CREEK DR. <b>CITY - ST - ZIP</b> PACE, FL 32571	<input checked="" type="checkbox"/> Delete		
<b>TITLE</b> SD <b>NAME</b> HARRIS, MEG <b>STREET ADDRESS</b> 4391 PACE LANE <b>CITY - ST - ZIP</b> PACE, FL 32571	<input type="checkbox"/> Delete		
<b>TITLE</b> VD <b>NAME</b> KEE, TRAVIS <b>STREET ADDRESS</b> 4412 STEPHENS ROAD <b>CITY - ST - ZIP</b> PACE, FL 32571	<input type="checkbox"/> Delete		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP <b>NAME</b> Smith, Michael <b>STREET ADDRESS</b> 4813 Patriot Blvd <b>CITY - ST - ZIP</b> Pace, FL 32571	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VP <b>NAME</b> Wolfenden, Amy <b>STREET ADDRESS</b> 4808 LaCasa Circle <b>CITY - ST - ZIP</b> Pace, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Tracey Miller, Tracey Miller</i> <b>1/24/2008</b> <b>(850)994-3963</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			