2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714617

FILED Jan 28, 2009 Secretary of State

Entity Name: PACE ATHLETIC AND RECREATION ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 5976 CHUMUCKLA HWY MILTON, FL 32571 **Current Mailing Address: New Mailing Address:** PO BOX 1031 PACE, FL 32571 US FEI Number: 59-2990006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUCHANAN, MARCUS MILLER, TRACEY 5760 WINDERMERE TRACE 4617 FOWLER DRIVE PACE, FL 32571 PACE, FL 32571 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: MARCUS BUCHANAN 01/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BAXLEY, CHARLES Name: Name: 16021 CURTIS RD Address: Address: PACE, FL 32571 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition SMITH, MICHAEL Name: KENNEDY, RON Name: Address: 4813 PATRIOT BLVD Address: 3304 JOPPA DRIVE City-St-Zip: MILTON, FL 32571 City-St-Zip: PACE, FL 32571 Title: () Delete Title: (X) Change () Addition MILLER, TRACEY BUCHANAN, MARCUS Name: Name: 5760 WINDERMERE TRACE 4617 FOWLER DRIVE Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: PACE, FL 32571 Title: VΡ () Delete Title: () Change () Addition WOLFENDEN, AMY Name: Name: Address: 4868 LACASA CIR Address: City-St-Zip: MILTON, FL 32571 City-St-Zip: Title: SD () Delete Title: () Change () Addition HARRIS, MEG Name: Name: 4391 PACE LANE Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: () Delete Title: () Change () Addition KEE, TRAVIS Name: Name: Address: 4412 STEPHENS ROAD Address: PACE, FL 32571 City-St-Zip: City-St-Zip:

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: MARCUS BUCHANAN T 01/28/2009