

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 718961

1. Entity Name
PACERS, INC.



Principal Place of Business
P.O. BOX 3624
TEQUESTA, FL 33469 US

Mailing Address
P.O. BOX 3624
TEQUESTA, FL 33469 US



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
23-7182961 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TUCCARONE, ROSINA M
9480 SE LITTLE CLUB WAY NORTH
JUPITER, FL 33469
TEQUESTA,

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000475353
04/05/06-80012-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANCUSO, FRANCES 1021 RIVERWOOD LANE JUPITER, FL 33658
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCCARONE, ROSINA 9480 S.E. LITTLE CLUB WAY NORTH TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, LAURA 9306 SOUTHEAST VENUS STREET HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINA, LORRAINE 4400 COLETTE DR. TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONIGLIO, GLORIA 750 OCEAN ROYAL WAY #903 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUGH, RUTH 3 GARDEN ST #K-208 JUPITER, FL 33469

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Rosina M. Tucciarone* (ROSINA M. TUCCARONE)

3-17-06

561-747-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #