2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#718961

Entity Name: PACERS, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
P.O. BOX: TEQUEST	3624 A, FL 33469	US	46 WILLOW TEQUESTA,			
Current Mailing Address:			New Mailing	New Mailing Address:		
P.O. BOX: TEQUEST	3624 A, FL 33469	US				
FEI Number:	: 23-7182961	FEI Number Applied For()	FEI Number Not Applica	able () Certificate of Status De	sired ()	
Name and	Address of C	Current Registered Agent:	Name and A	ddress of New Registered Agen	ıt:	
TUCCIARONE, ROSINA M 9480 SE LITTLE CLUB WAY NORTH JUPITER, FL 33469 US			9480 SE LIT	TUCCIARONE, ROSINA M 9480 SE LITTLE CLUB WAY NORTH TEQUESTA, FL 33469 US		
	named entity e of Florida.	submits this statement for the p	urpose of changing its	registered office or registered age	nt, or both,	
SIGNATURE: ROSINA M. TUCCIARONE				01/16/2009		
	Electron	nic Signature of Registered Age	nt	Date		
OFFICERS	S AND DIREC	TORS:	ADDITIONS	CHANGES TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (MANCUSO, FR 1021 RIVERW JUPITER, FL 3	DOD LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TUCCIARONE,	LE CLUB WAY NORTH	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MASON, LAUR	AST VENUS STREET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S (LINA, LORRAIN 4400 COLETTE TEQUESTA, FL	EDR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CONIGLIO, GL 750 OCEAN RO) Delete ORIA DYAL WAY #903 BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (HOUGH, RUTH 3 GARDEN ST JUPITER, FL 3	#K-208	Name: H Address: 3	O (X) Change () Addition HOUGH, RUTH B GARDEN ST #K-208 FEQUESTA, FL 33469		

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: ROSINA M. TUCCIARONE T 01/16/2009