


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90025 036 ****61.25

DOCUMENT # 726067 1. Entity Name PASTORAL COUNSELING SERVICES, INC.					
Principal Place of Business 2140 MANGO PLACE JACKSONVILLE FL 32207			Mailing Address 2140 MANGO PLACE JACKSONVILLE FL 32207		
2. Principal Place of Business As Above Suite, Apt. #, etc.		3. Mailing Address Same as Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1515557	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OAKLEY, CHRISTINE 2140 MANGO PLACE JACKSONVILLE FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOTHMAN, LOUIS 2140 MANGO PL JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Williams c/o Riverside United Methodist Ch. 819 Park St., Jacksonville FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKLEY, CHRISTINE 2140 MANGO PL JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Suzanne Bass 24 N. Market St., Suite 400 Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSUOT, VICKIE T. 2020 PARK ST. JACKSONVILLE FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eleanor Lyon 4025 W. Alhambra Dr., Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COFER, CHARLES 1147 GREENRIDGE ROAD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARBY, VERNA 2140 MANGO PL JACKSONVILLE FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYLOR, JOANNE 2815 MADRID AVE E. JACKSONVILLE FL 32217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Christine Oakley</i> 4-5-04 904-398-2437 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



MOORE CR2E037 (11/03)