


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 034 \*\*\*\*61.25

<b>DOCUMENT # 726067</b>	
1. Entity Name <b>PASTORAL COUNSELING SERVICES, INC.</b>	

Principal Place of Business <b>2140 MANGO PLACE JACKSONVILLE FL 32207</b>	Mailing Address <b>2140 MANGO PLACE JACKSONVILLE FL 32207</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-1515557</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>OAKLEY, CHRISTINE 2140 MANGO PLACE JACKSONVILLE FL 32207</b>
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P LOTHMAN, LOUIS 2140 MANGO PL JACKSONVILLE FL 32207	
V OAKLEY, CHRISTINE 2140 MANGO PL JACKSONVILLE FL 32207	
D BOSSUOT, VICKIE T 2020 PARK ST. JACKSONVILLE FL 32258	
D ELEANOR, LYON 4025 W. ALHAMBRA DR. JACKSONVILLE FL 32207	
D PAYLOR, JOANNE 2815 MADRID AVE E. JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Delete
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D SUZANNE BASS 3791 HENDRICKS AVE. JACKSONVILLE, FL 32207	
D JIM ORTH 9563 BEAUCLELL TERR JACKSONVILLE, FL 32257	
D MARK R. PATRICK 4029 ATLANTIC BLVD JACKSONVILLE, FL 32207	
D MICHAEL O'BRIEN 1604 ARCADIAN DR #310 JACKSONVILLE, FL 32207	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **3-19-07 904-398-2437**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #