

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749971**

1. Entity Name  
**PACE FIRE/RESCUE DISTRICT, INC.**



Principal Place of Business  
**4541 MAJORS STREET  
PACE, FL 32571 US**

Mailing Address  
**P.O. BOX 1082  
PACE, FL 32571**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**EDWARDS, LLOYD  
4685 HALIRITA  
PACE, FL 32571**

**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 re-registering)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	EDWARDS, LLOYD
STREET ADDRESS	4685 HALIRITE
CITY-ST-ZIP	PACE, FL 32571
TITLE	S
NAME	WADKINS, PAT
STREET ADDRESS	4160 STEPHENS RD.
CITY-ST-ZIP	PACE, FL
TITLE	T
NAME	TONY GENE BROXTON
STREET ADDRESS	4112 COOLEY DR.
CITY-ST-ZIP	PACE, FL
TITLE	TR
NAME	WADKINS, CONNIE
STREET ADDRESS	3965 E DIAMOND
CITY-ST-ZIP	PACE, FL
TITLE	TR
NAME	NELL CRISCO
STREET ADDRESS	4108 RIDDLE ST
CITY-ST-ZIP	PACE, FL 32571
TITLE	V
NAME	HOWINGTON, MIRANDA
STREET ADDRESS	3978 PACE RD
CITY-ST-ZIP	PACE, FL 32571

U00000802700  
02/04/08-80010-010 70.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PAT WADKINS**

**1-10-08**

**850-94-6884**