


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 007 \*\*\*\*61.25

**DOCUMENT # F01000003116**

1. Entity Name  
**PASTORAL SUPPORT SERVICES INC.**



Principal Place of Business  
**590 COLUMBUS AVENUE  
 SUITE 200  
 THORNWOOD, NY 10594**

Mailing Address  
**590 COLUMBUS AVENUE  
 SUITE 200  
 THORNWOOD, NY 10594**

**60012844**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**13-4085918**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPDIRECT AGENTS  
 515 E. PARK AVE.  
 TALLAHASSEE, FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BURTKA, JOSEPH <input checked="" type="checkbox"/> Delete 582 COLUMBUS AVENUE THORWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREVINO, MONICA <input type="checkbox"/> Delete 60 AUSTIN AVENUE GREENVILLE, RI 02828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTEGA, JOSE F <input type="checkbox"/> Delete 582 COLUMBUS AVE THORNWOOD, NY 10594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCIA, OCHOA <input type="checkbox"/> Delete 751 WEST DRAHNER ROAD OXFORD, MI 48371
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/c Scott Reilly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7415 Northgreen Drive NE Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *Jose Ortega* **1/25/2006** **(914) 773-1368**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #