

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

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004077 1. Entity Name PACE AREA RECREATION FOR KIDS, INC.	
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Principal Place of Business 4960 FOREST CREEK DRIVE PACE, FL 32571	Mailing Address 4960 FOREST CREEK DRIVE PACE, FL 32571
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DO NOT WRITE IN THIS SPACE



08082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3652364	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORTUNE, MARY STEWART
4960 FOREST CREEK DRIVE
PACE, FL 32571

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORTUNE, MARY STEWART 4960 FOREST CREEK DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABOMARD, KELLY 3629 SWEET BAY DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELL, STEPHEN 5748 ENGLISH TURN DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORTUNE, TERRY L 4960 FOREST CREEK DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/10/06-80001-003 61.25

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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: Mary Stewart Fortune 8/8/06 (850) 995-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #