

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004454

FILED  
Mar 18, 2007  
Secretary of State

Entity Name: PASTORAL CARE FOUNDATION, INC.

**Current Principal Place of Business:**

1021 NW 108TH AVENUE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1021 NW 108TH AVENUE  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 65-1116214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHALNICK, REV. ROBERT I  
1021 NW 108TH AVENUE  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUER-HUGHES, JAYNE  
Address: 3910 INVERRARY BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: LIGHT, REV BETTE  
Address: 658 NIGHTHAWK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32752

Title: D ( ) Delete  
Name: DARIUS, JEAN  
Address: 600 SE 3RD AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: D ( ) Delete  
Name: CHALNICK, ROBERT I  
Address: 1021 NW 108 AVENUE  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT I CHALNICK

DIRE

03/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date