

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004454

FILED
Apr 06, 2009
Secretary of State

Entity Name: PASTORAL CARE FOUNDATION, INC.

Current Principal Place of Business:

102 BLOWING ROCK LANE
CARY, NC 27518

New Principal Place of Business:

206 BRIARCLIFF LANE
CARY, NC 27511

Current Mailing Address:

102 BLOWING ROCK LANE
CARY, NC 27518

New Mailing Address:

206 BRIARCLIFF LANE
CARY, NC 27511

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:

CHALNICK, REV. ROBERT I
206 BRIARCLIFF LANE
CARY, FL 27511 US

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: ROBERT I CHALNICK

04/06/2009

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: 102 BLOWING ROCK LANE
City-St-Zip: CARY, NC 27518

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: D (X) Change () Addition
Name: CHALNICK, ROBERT I
Address: 206 BRIARCLIFF LANE
City-St-Zip: CARY, NC 27511

I hereby certify that the information supplied with this filing does not qualify 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

04/06/2009

Electronic Signature of Signing Officer or Director

Date