FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01331 (0)

1. Corporation Name
P.A.C.E. CENTER FOR GIRLS, INC.

Principal Place of Business	Mailing Address
100 LAURA ST. 10 FLOOR JACKSONVILLE FL 32202 US	100 LAURA ST. 10 FLOOR JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2414492 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~RIVOIRA, LAWANDA DPA~~ MICHAEL H. CLARKE
100 LAURA ST, 10 FLOOR
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: MICHAEL H. CLARKE
82 Street Address (P.O. Box Number is Not Acceptable): 100 LAURA ST. N., 10TH FLOOR
83
84 City: JACKSONVILLE FL 85 Zip Code: 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	☐ Change ☐ Addition
NAME	BOBES, STEVE	1.2 NAME	700001532617
STREET ADDRESS	73 W FLAGER ST, RM 135	1.3 STREET ADDRESS	-07/07/95--01066--018
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	DVP	2.1 TITLE	DVP ☒ Change ☐ Addition
NAME	SAMPSON, TOMMY	2.2 NAME	MARGE MASTELMAN
STREET ADDRESS	301 W BAY ST #4CC1	2.3 STREET ADDRESS	4085 BOTHWELL TERRACE
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	P	3.1 TITLE	P ☒ Change ☐ Addition
NAME	ASHBY, ELEANOR	3.2 NAME	SHERRY MAGILL
STREET ADDRESS	4049 WOODCOCK DR, STE 200	3.3 STREET ADDRESS	225 WATER ST, #1200
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLMES, KENNON	4.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DELETED BY MAY 1 CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X [signature] April 28, 1995 (Date) 353-0890 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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