

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N01331

(0)

1. Corporation Name

P.A.C.E. CENTER FOR GIRLS, INC.

Principal Place of Business

100 LAURA ST. 10 FLOOR
JACKSONVILLE FL 32202
US

Mailing Address

100 LAURA ST. 10 FLOOR
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified

02/09/1984

4. FEI Number

59-2414492

Applied For

Not Applicable

2. Principal Place of Business

21 112 W. Adams Street

Suite, Apt. #, etc.

22 Suite 500

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 112 W. Adams Street

Suite, Apt. #, etc.

27 Suite 500

City & State

28

Zip

29

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HESKISS, JANICE L

100 N. LAURA ST

10TH FLOOR

JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

112 W. Adams Street

83

Suite 500

84

City

Jacksonville

FL

85

Zip Code
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV
BAKER, RON
STREET ADDRESS 21 W. CHURCH ST, T-12
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME DT
CUNNINGHAM, KAY
STREET ADDRESS 16204 N. FLORIDA AVE
CITY-ST-ZIP LUTZ FL

TITLE ☐ DELETE

NAME DS
MILLER, ROBERT
STREET ADDRESS 517 2ND ST W.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME DM
RAVOIRA, LAWANDA
STREET ADDRESS 100 N LAURA, 10TH FLOOR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DP
Baker, Ron
1.3 STREET ADDRESS 21 W. Church St, T-12
1.4 CITY-ST-ZIP Jacksonville FL 32202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DV
Cunningham, Kay
2.3 STREET ADDRESS 16204 N. Florida Avenue
2.4 CITY-ST-ZIP Lutz FL 33549

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME DT
Miller, Robert
3.3 STREET ADDRESS 517 2nd Street, W
3.4 CITY-ST-ZIP Bradenton FL 34206

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME DM
Ravoira, LaWanda
4.3 STREET ADDRESS 112 W. Adams Street, Suite 500
4.4 CITY-ST-ZIP Jacksonville FL 32202

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME DS
Bobes, Steven
5.3 STREET ADDRESS 140 W. Flagler St, #904
5.4 CITY-ST-ZIP Miami FL 33130

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: *Lawanda Ravoira*

4/27/98

PC 4/30

CR2E037 (10/97)