

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2005
Secretary of State**

DOCUMENT# N01331

Entity Name: PACE CENTER FOR GIRLS, INC.

Current Principal Place of Business:

ONE WEST ADAMS STREET
SUITE 301
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE WEST ADAMS STREET
SUITE 301
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-2414492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTOLAW, INC.
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202 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: CEO () Delete
Name: RAVOIRA, LAWANDA
Address: ONE WEST ADAMS STREET, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

Title: COO () Delete
Name: GALLAGHER, DONNA
Address: ONE WEST ADAMS STREET, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32202

Title: TRVP () Delete
Name: HOLMES, KENNON
Address: 2900 HARTLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: TRC () Delete
Name: CARLAN, CAROL
Address: 3420 OAKMONT DRIVE
City-St-Zip: PENSACOLA, FL 32503 US

Title: TRS () Delete
Name: BARTON, PAT
Address: 605 PALM CIRCLE EAST
City-St-Zip: NAPLES, FL 33308

Title: TRS () Delete
Name: BOBES, STEVEN
Address: 1625 SW 83RD AVE METRO DADE CNTY CON
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TR (X) Change () Addition
Name: MARX, JAMES
Address: 547 LAKE ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S (X) Change () Addition
Name: BREWER, ANNE
Address: 5675 FRANCISCO ROAD
City-St-Zip: PENSACOLA, FL 32504 US

Title: C (X) Change () Addition
Name: CUNNINGHAM, KAY
Address: 16204 N. FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549

Title: VC (X) Change () Addition
Name: PARKER, ELLEN
Address: P. O. BOX 593330
City-St-Zip: ORLANDO, FL 32859

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONNA GALLAGHER

COO

04/22/2005

Electronic Signature of Signing Officer or Director

Date