2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
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:

COOKE AND MEUX, PA
1301 RIVERPLACE BLVD
SUITE 2254
JACKSONVILLE, FL 32207 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: A. HAMILTON COOKE 04/18/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	BLASS, JEFF	
Address:	120 S RIDGEWOOD AVE	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	P	( ) Delete
Name:	GALLAGHER, DONNA	
Address:	ONE WEST ADAMS STREET, SUITE 301	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	TR	( ) Delete
Name:	MARX, JAMES	
Address:	547 LAKE ROAD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	C	( ) Delete
Name:	CUNNINGHAM, KAY	
Address:	16204 N. FLORIDA AVENUE	
City-St-Zip:	LUTZ, FL 33549	
Title:	VC	( ) Delete
Name:	PARKER, ELLEN	
Address:	P. O. BOX 593330	
City-St-Zip:	ORLANDO, FL 32859	

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:	
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: DONNA GALLAGHER P 04/18/2007
Electronic Signature of Signing Officer or Director — Date