## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01331

FILED May 13, 2008 Secretary of State

Entity Name: PACE CENTER FOR GIRLS, INC.

urrent Pi	rincipal Place of Business:	New Principal Place of Business:
SUITE 301	T ADAMS STREET	
ACKSON'	VILLE, FL 32202 US	
urrent M	ailing Address:	New Mailing Address:
UITE 301	T ADAMS STREET VILLE, FL 32202 US	
	59-2414492 FEI Number Applied For	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
	ce with s. 607.193(2)(b), F.S., the corporation  Address of Current Registered Age	
	ND MEUX, PA	COOKE AND MEUX, PA
301 RIVERPLACE BLVD		501 RIVERSIDE AVÉNUE
JITE 225 ACKSON'	VILLE, FL 32207 US	SUITE 903 JACKSONVILLE, FL 32202 US
	named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
IGNATUF	RE:	05/13/2008
	Electronic Signature of Register	ed Agent Date
FFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
le: ıme:	S ( ) Delete BLASS, JEFF	Title: ( ) Change ( ) Addition Name:
ldress:	120 S RIDGEWOOD AVE	Address:
ty-St-Zip:	DAYTONA BEACH, FL 32114	City-St-Zip:
tle:	P () Delete	Title: ( ) Change ( ) Addition
ame: ddress:	GALLAGHER, DONNA ONE WEST ADAMS STREET, SUITE 301	Name: Address:
y-St-Zip:	JACKSONVILLE, FL 32202	City-St-Zip:
le:	TR ( ) Delete	Title: ( ) Change ( ) Addition
me:	MARX, JAMES	Name:
dress: :y-St-Zip:	547 LAKE ROAD PONTE VEDRA BEACH, FL 32082	Address: City-St-Zip:
le:	C () Delete	Title: C (X) Change ( ) Addition
ıme:	CUNNINGHAM, KAY	Name: PARKER, ELLEN
ldress: ty-St-Zip:	16204 N. FLORIDA AVENUE LUTZ, FL 33549	Address: 6990 LAKE ELLENOR DR City-St-Zip: ORLANDO, FL 32809
tle:	VC ( ) Delete	Title: VC (X) Change ( ) Addition
ame:	PARKER, ELLEN	Name: ZEGEL, CAROLE
	P. O. BOX 593330 ORLANDO, FL 32859	Address: 120 W UNIVERSITY AVE City-St-Zip: GAINESVILLE, FL 32601
ldress: ty-St-Zip:		T11
ldress:	( ) Delete	Title: VP ( ) Change (X) Addition
ldress: ty-St-Zip:	( ) Delete	Name: TABET, TAREK  Address: ONE WEST ADAMS STREET, SUITE 301

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: DONNA GALLAGHER P 05/13/2008