

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002174

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: PARTNERS IN PASTORAL CARE, INC.

## Current Principal Place of Business:

8695 COLLEGE PKWY., STE. 263  
FT. MYERS, FL 33919

## New Principal Place of Business:

8695 COLLEGE PKWY.  
SUITE 327  
FT. MYERS, FL 33919

## Current Mailing Address:

8695 COLLEGE PKWY., STE. 263  
FT. MYERS, FL 33919

## New Mailing Address:

8695 COLLEGE PKWY.  
SUITE 327  
FT. MYERS, FL 33919

FEI Number: 41-2044557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRATHER, BILL  
8695 COLLEGE PKWY., STE. 263  
FT. MYERS, FL 33919 US

## Name and Address of New Registered Agent:

PRATHER, BILL  
8695 COLLEGE PKWY.  
SUITE 327  
FT. MYERS, FL 33919 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:

01/05/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PRATHER, WILLIAM W  
Address: 9777 DEERFOOT DR.  
City-St-Zip: FT. MYERS, FL 33919

Title: CEO ( ) Delete  
Name: ROSE, DAVID  
Address: 6121 CLIFFBROOK DR.  
City-St-Zip: NORTH RICHLAND HILLS, TX 76180

Title: D ( ) Delete  
Name: ROSE, DAVID  
Address: 6121 CLIFFBROOK DR.  
City-St-Zip: NORTH RICHLAND HILLS, TX 76180

Title: VD ( ) Delete  
Name: PATTERSON, DAVID  
Address: 6516 CONNELL FARM DR.  
City-St-Zip: PLANO, TX 75024

## 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:

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: WILLIAM W. PRATHER

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date