

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002174

FILED
Jan 06, 2009
Secretary of State

Entity Name: PARTNERS IN PASTORAL CARE, INC.

Current Principal Place of Business:

9777 DEERFOOT DRIVE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1300-56 S CLEVERLAND AVE
STE 53B
FORT MYERS, FL 33907

New Mailing Address:

1300-56 S CLEVERLAND AVE
STE 238
FORT MYERS, FL 33907

FEI Number: 41-2044557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATHER, BILL
9777 DEER FOOT DRIVE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PRATHER, BILL
9777 DEERFOOT DRIVE
FORT 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: _____

01/06/2009

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: 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:

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: W. W. PRATHER

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date