


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90071 047 \*\*\*\*61.25

<b>DOCUMENT # N21509</b> 1. Entity Name PACE CIVIC ASSOCIATION, INC.	
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Principal Place of Business 4372 W AVENIDA DE GOLF MILTON, FL 32571 US	Mailing Address 4372 W AVENIDA DE GOLF MILTON, FL 32571 US
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  NUGENT, ED, SR. 166 LIVE OAK LANE. MILTON, FL 32571
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**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, ETHEL 301 WEST HWY 90 MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACKSON, RUTH N 4372 W AVENIDA DE GOLF PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUGENT, ED, SR. 166 LIVE OAK LANE PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Ruth N. Jackson, Sec. Treas      1/11/06      850-994-4705  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Ruth N. Jackson