

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21509

FILED
Jan 06, 2009
Secretary of State

Entity Name: PACE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

4372 W AVENIDA DE GOLF
MILTON, FL 32571 US

New Principal Place of Business:

4372 W AVENIDA DE GOLF
PACE, FL 32571 US

Current Mailing Address:

4372 W AVENIDA DE GOLF
MILTON, FL 32571 US

New Mailing Address:

4372 W AVENIDA DE GOLF
PACE, FL 32571 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUGENT, ED, SR.
166 LIVE OAK LANE.
MILTON, FL 32571 US

Name and Address of New Registered Agent:

NUGENT, ED, SR.
166 LIVE OAK LANE.
PACE, FL 32571 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: D () Delete
Name: DIXON, ETHEL,
Address: 301 WEST HWY 90
City-St-Zip: MILTON, FL

Title: DST () Delete
Name: JACKSON, RUTH N
Address: 4372 W AVENIDA DE GOLF
City-St-Zip: PACE, FL

Title: D () Delete
Name: NUGENT, ED, SR.,
Address: 166 LIVE OAK LANE
City-St-Zip: PACE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIXON, ETHEL,
Address: 301 WEST HWY 90
City-St-Zip: PACE, FL 32571 US

Title: DST (X) Change () Addition
Name: JACKSON, RUTH N
Address: 4372 W AVENIDA DE GOLF
City-St-Zip: PACE, FL 32571 US

Title: D (X) Change () Addition
Name: NUGENT, ED, SR.,
Address: 166 LIVE OAK LANE
City-St-Zip: PACE, FL 32571 US

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: RUTH N. JACKSON DST 01/06/2009
Electronic Signature of Signing Officer or Director Date