

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N37125 1. Entity Name PACE PROPERTY FINANCE AUTHORITY, INC.	
--	---

Principal Place of Business 4401 WOODBINE RD PACE, FL 32571 US	Mailing Address 4401 WOODBINE RD PACE, FL 32571 US
--	--



03222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

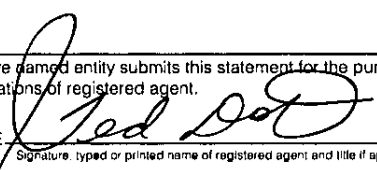
4. FEI Number 59-1098296	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTSON, TED 4401 WOODBINE RD PACE, FL 32571
--

**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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/11/07**

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEST, HAROLD L. 5351 STAFFORD CR. PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, ROBERT 5448 OAKMONT DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINSON, PAUL 4500 BELL LANE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITCHCOCK, GEORGE 5648 FIRESTONE DR. PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAUGHN, RODNEY 5514 MARANTHA WAY PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GODWIN, MAX R 4325 W AVENIDA DE GOLF PACE, FL 32571

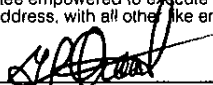
**DO NOT WRITE
IN THIS SPACE**

U000000706520

04/24/07-80038-002 61.25

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07 GEORGE HITCHCOCK 850-994-5129