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	Mailing Address
4401 WOODBINE RD PACE, FL 32571 US	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

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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: Ted Dotson 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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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: 4/10/07 George Hitchcock 850-994-5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #