

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37125

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: PACE PROPERTY FINANCE AUTHORITY, INC.

**Current Principal Place of Business:**

4401 WOODBINE RD  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

4401 WOODBINE RD  
PACE, FL 32571 US

**New Mailing Address:**

FEI Number: 52-1695310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOTSON, TED  
4401 WOODBINE RD  
PACE, FL 32571 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BEST, HAROLD L.  
Address: 5351 STAFFORD CR.  
City-St-Zip: PACE, FL

Title: TD ( ) Delete  
Name: RANDY, GRANT W  
Address: 4131 BAYFRONT TERRACE  
City-St-Zip: PACE, FL 32571

Title: SD ( ) Delete  
Name: HINSON, PAUL  
Address: 4500 BELL LANE  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: HITCHCOCK, GEORGE  
Address: 5648 FIRESTONE DR.  
City-St-Zip: PACE, FL

Title: D ( ) Delete  
Name: THOMASON, SUNDRA L  
Address: 4125 PLANT AVENUE  
City-St-Zip: PACE, FL 32571

Title: PD ( ) Delete  
Name: GODWIN, MAX R  
Address: 4325 W AVENIDA DE GOLF  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: FOWLER SR, MARVIN  
Address: 3441 LUTHER FOWLER ROAD  
City-St-Zip: PACE, FL 32571

Title: D (X) Change ( ) Addition  
Name: RANDY, GRANT W  
Address: 4131 BAYFRONT TERRACE  
City-St-Zip: PACE, FL 32571

Title: VD (X) Change ( ) Addition  
Name: HINSON, PAUL  
Address: 4500 BELL LANE  
City-St-Zip: PACE, FL 32571

Title: SD (X) Change ( ) Addition  
Name: HITCHCOCK, GEORGE  
Address: 5648 FIRESTONE DR.  
City-St-Zip: PACE, FL

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: MAX R GODWIN

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date