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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006113

1. Corporation Name

PACE PRESBYTERIAN CHURCH, INC.

Principal Place of Business
4587 WOODBINE RD.
PACE FL 32571

Mailing Address
4587 WOODBINE RD.
PACE FL 32571



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3289074
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent RHODES, STEVEN 4587 WOODBINE RD. PACE FL 32571	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, WALT	1.2 NAME	
STREET ADDRESS	7272 LAKESIDE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, DICK	2.2 NAME	Cindy Lozier
STREET ADDRESS	504 N. CREEK DR.	2.3 STREET ADDRESS	5451 Creek View Lane
CITY-ST-ZIP	PENSACOLA FL 32514	2.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNERSON, BOB	3.2 NAME	Connie McFarren
STREET ADDRESS	1630 ENFINGER RD.	3.3 STREET ADDRESS	5538 Whispering Wood Dr.
CITY-ST-ZIP	PACE FL 32571	3.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCE, DARLEEN	4.2 NAME	Basil Burks
STREET ADDRESS	104 OAK STREET	4.3 STREET ADDRESS	3056 Killarney
CITY-ST-ZIP	MILTON FL 32570	4.4 CITY-ST-ZIP	Pace, FL 32571
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOETTLER, GRACE	5.2 NAME	
STREET ADDRESS	3032 KILLARNEY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOMSON, ROBERT	6.2 NAME	
STREET ADDRESS	5017 CRESTWOOD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Reese *Walter Reese*

12 March 1999 (850) 623-9808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)