

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90062 028 ****61.25

DOCUMENT # N94000006113

1. Entity Name
PACE PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**4587 WOODBINE RD.
PACE, FL 32571**

Mailing Address
**4587 WOODBINE RD.
PACE, FL 32571**

50059623



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3289074

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOSTELLER, MOICE A
4587 WOODBINE RD.
PACE, FL 32571~~

Name **Shuford S. White**

Street Address (P.O. Box Number is Not Acceptable)

5691 Berrybrook Circle

City **Pace**

FL

Zip Code
32571

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

Shuford S. White

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

(NOTE: Registered Agent signature required when reinstating)

7/31/05

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MALCOMSON, CINDY**
STREET ADDRESS **5017 CRESTWOOD**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition
NAME **Hummel, Diana**
STREET ADDRESS **5533 Oakmont Drive**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☒ Delete
NAME **AUSTIN, MARLINE**
STREET ADDRESS **3977 DEERWOOD CIRCLE**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **Hulse, Carol**
STREET ADDRESS **5293 Mark's Place**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☒ Delete
NAME **HALLBERG, JEFFERY**
STREET ADDRESS **4794 TIMBERLAND DR**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **France, Peter**
STREET ADDRESS **6812 Oak Street**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☒ Delete
NAME **CASSADY, MIKE**
STREET ADDRESS **5779 TWISTED OAK CT.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **Cobb, Chuck**
STREET ADDRESS **4834 Laurel Oak Drive**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☒ Delete
NAME **SHERLING, RICHARD**
STREET ADDRESS **3165 COBBLESTONE DR.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **Clayton, Rose**
STREET ADDRESS **5457 Stafford Circle**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **D** ☐ Delete
NAME **MACKIEWICZ, TED**
STREET ADDRESS **3612 BAGWELL ROAD**
CITY-ST-ZIP **PACE, FL 32571**

TITLE ☐ Change ☐ Addition
NAME **Cobb, Nancy**
STREET ADDRESS **4834 Laurel Oak Drive**
CITY-ST-ZIP **Pace, FL 32571**

12. 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 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:

Ted Mackiewicz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/05

DATE

850 995 4553

DAYTIME PHONE #