
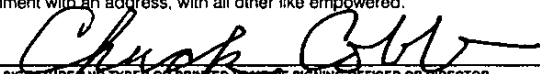


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90098 034 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3289074	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, SHUFORD S 5691 BERRYBROOK CIRCLE PACE, FL 32571			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	D HUMMEL, DIANA 5533 OAKMONT DRIVER PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	HAMP LIGGETT 4927 PATTOCK PL. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULSE, CAROL 5293 MARK'S PLACE MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	WALLY PATTERSON 4815 LA CASA CIR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCE, PETER 6812 OAK STREET MILTON, FL 32570	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Paula Chetwynde 4140 Cinnamon Rd PACE FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBB, CHUCK 4834 LAUREL OAK DRIVE PACE, FL 32571	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAYTON, ROSE 5457 STAFFORD CIRCLE PACE, FL 32571	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBB, NANCY 4834 LAUREL OAK DRIVE PACE, FL 32571	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				3/26/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40047467



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