

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005999 (6)

1. Corporation Name

PACE PASTORAL COUNSELING CENTER, INC.



Principal Place of Business

5313 ROWE TRAIL
PACE FL 32571

Mailing Address

5313 ROWE TRAIL
PACE FL 32571

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report

2. Principal Place of Business

21 4587 Woodbine Rd

2a. Mailing Address

26 4587 Woodbine Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Pace FL

24 Zip

32571

Country

USA

27 City & State

28 Pace FL

29 Zip

32571

Country

USA

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LOZIER, DANIEL R
125 W ROMANA ST SUITE 222
PENSACOLA FL 32501

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME COVAN, LESTER
STREET ADDRESS 1810 BRAMPTON WAY
CITY-ST-ZIP CANTONMENT FL 32533-8977

TITLE D
NAME CROSSWELL, KATHLEEN
STREET ADDRESS 805 SUNNYSIDE DR
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME CURRY, MICHAEL
STREET ADDRESS 3577 STRATFORD LANE
CITY-ST-ZIP PACE FL 32571

TITLE D
NAME FRANCE, DARLEEN
STREET ADDRESS 104 OAK ST
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME LOZIER, DAN
STREET ADDRESS 6670 MARTIN RD
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME MALCOMSON, ROBERT
STREET ADDRESS 5017 CRESTWOOD RD
CITY-ST-ZIP PENSACOLA FL 32503

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Walt Reese
7772 Lakeside Dr
Milton FL 32583

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Grace Goettler
3932 Willarney Dr
Pace FL 32571

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Mary Riley
4646 Bay Brook Dr
Pensacola FL 32514

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace E. Goettler 7/16/96 804-995-0097

Date

Daytime Phone #

CR2E037 (3/96)