

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005999 (6)

1. Corporation Name

PACE PASTORAL COUNSELING CENTER, INC.

Principal Place of Business  
WOODBINE  
4587 WOODSHINE ROAD  
PACE FL 32571  
USMailing Address  
WOODBINE  
4587 WOODSHINE ROAD  
PACE FL 32571  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
12/18/19953a. Date of Last Report  
07/31/1996

4. FEI Number

APPLIED FOR 5937050400

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZIER, DANIEL R

125 W ROMANA ST SUITE-222 824  
PENSACOLA FL 32501

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)

2-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME REESE, WALT  
STREET ADDRESS 7772 LAKESIDE DRIVE  
CITY - ST - ZIP MILTON FLTITLE D ☐ DELETENAME GOETTLER, GRACE  
STREET ADDRESS 3032 KILLARNEY DRIVE  
CITY - ST - ZIP PACE FLTITLE D ☐ DELETENAME RILEY, MARY  
STREET ADDRESS 4646 BAY BROOK DRIVE  
CITY - ST - ZIP PENSACOLA FLTITLE D ☐ DELETENAME FRANCE, DARLEEN  
STREET ADDRESS 104 OAK ST  
CITY - ST - ZIP MILTON FL 32570TITLE D ☐ DELETENAME LOZIER, DAN  
STREET ADDRESS 6670 MARTIN RD  
CITY - ST - ZIP MILTON FL 32570TITLE D ☐ DELETENAME MALCOMSON, ROBERT  
STREET ADDRESS 5017 CRESTWOOD RD  
CITY - ST - ZIP PENSACOLA FL 32503

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

☐

Change

☐

Addition

14. I do 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.

SIGNATURE:

Darlene France REESEDARLEEN FRANCE 2-3-97 904-995-4553

CR2E037 (9/96)