

2-4-98 B-1462 c
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005999 (6)

1. Corporation Name

PACE PASTORAL COUNSELING CENTER, INC.



Principal Place of Business 4587 WOODBINE ROAD PACE FL 32571 US	Mailing Address 4587 WOODBINE ROAD PACE FL 32571 US
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3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

59-3305092

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. # etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 224
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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/98

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	REESE, WALT	
STREET ADDRESS	7772 LAKESIDE DRIVE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOETTLER, GRACE	
STREET ADDRESS	3032 KILLARNEY DRIVE	
CITY-ST-ZIP	PAGE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, MARY	
STREET ADDRESS	4646 BAY BROOK DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANCE, DARLEEN	
STREET ADDRESS	104 OAK ST	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOZIER, DAN	
STREET ADDRESS	6670 MARTIN RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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] Grace T. Goettler

1/22/98 850-995-4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076904

CR2E037 (10/97)