

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90021 014 ****61.25

DOCUMENT # N98000001749

1. Entity Name

PACE COMMUNITY CHURCH, INC.



Principal Place of Business

4749 TIMBERLAND DR.
PENSACOLA FL 32571

Mailing Address

4749 TIMBERLAND DR.
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3501353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTIAN, RONNIE E
4749 TIMBERLAND DR.
PENSACOLA 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE PD ☐ Delete
NAME CHRISTIAN, RONNIE E
STREET ADDRESS 4749 TIMBERLAND DR.
CITY-ST-ZIP PACE FL 32571

TITLE T ☒ Delete
NAME SMITH, MICKEY
STREET ADDRESS 4758 TIMBERLAND DRIVE
CITY-ST-ZIP PACE FL 32571

TITLE T ☐ Delete
NAME MARTIN, JAMES
STREET ADDRESS 4745 CASA CIRCLE
CITY-ST-ZIP PACE FL 32571

TITLE T ☐ Delete
NAME FROMMEL, ROBERT L JR
STREET ADDRESS 5340 SUSSEX LANE
CITY-ST-ZIP MILTON FL 32571

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE (T) ☐ Change ☒ Addition
NAME CHARLES LAMBERT
STREET ADDRESS 932 Hwy. 196
CITY-ST-ZIP Molino, FL 32577

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

"Secretary" 3-11-05 850-994-9196
Date Daytime Phone #