2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N98000001749 03-01-2006 90025 044 ****61.25 1. Entity Name PACE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 4749 TIMBERLAND DR. PENSACOLA FL 32571 4749 TIMBERLAND DR. PACE FL 32571 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-3501353 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTIAN, RONNIE E: Street Address (P.O. Box Number is Not Acceptable) 4749 TIMBÉRLAND DR. PENSACOLA FL 32571: City 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. v. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition CHRISTIAN, RONNIE E NAME NAME 4749 TIMBERLAND DR. STREET ADDRESS STREET ADDRESS PACE FL 32571 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change ☐ Addition LAMBERT, CHARLES 932 HWY 196 STREET ADDRESS STREET ADDRESS MOLINO FL 32577 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition MARTIN, JAMES NAME NAME STREET ADDRESS 4745 CASA CIRCLE STREET ADDRESS CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP TITLE TITLE Smith Mickey 1758 Timberland DR. ☐ Change 4 Addition Delete FROMMEL, ROBERT L JR STREET ADDRESS 5340 SUSSEX LANE STREET ADDRESS CITY-ST-ZIP MILTON FL 32571 CITY-ST-ZIP PACE FL 32571 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

CITY-S1-7IP

Jam & Muitin Sec.

2-15-06

FILED

Mar 01, 2006 8:00 am