

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90072 035 ****61.25

DOCUMENT # N98000001749

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~~

PO Box 2401

4310 North Spencer Field Rd
Pace FL 32571

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4310 North Spencer Field Rd
Suite, Apt. #, etc.

PO Box 2401
Suite, Apt. #, etc.

City & State

Pace FL

City & State

Pace FL

Zip

32571

Country

USA

Zip

32571

Country

USA

4. FEI Number

59-3501353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, RONNIE E
4749 TIMBERLAND DR.
PENSACOLA FL 32571

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

Ronnie E Christian

4-23-07

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, 2007

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	<input type="checkbox"/> Delete
NAME	CHRISTIAN, RONNIE E	
STREET ADDRESS	4749 TIMBERLAND DR.	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, CHARLES	
STREET ADDRESS	932 HWY 196	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JAMES	
STREET ADDRESS	4745 CASA CIRCLE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, MICKEY	
STREET ADDRESS	4758 TIMBERLAND DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Nicholas E. Tharp	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5769 Charlene Dr	
STREET ADDRESS	Milton FL 32583	
CITY-ST-ZIP	Sec./Treasurer	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Ronnie E Christian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary
4-23-07

850-994-4310

Date

Daytime Phone #