

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01331

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC8534950044**

**Entity Name:** PACE CENTER FOR GIRLS, INC.

**Current Principal Place of Business:**

ONE WEST ADAMS STREET  
SUITE 301  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

ONE WEST ADAMS STREET  
SUITE 301  
JACKSONVILLE, FL 32202 US

**FEI Number:** 59-2414492

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COOKE AND MEUX, PA  
501 RIVERSIDE AVENUE  
SUITE 903  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VC  
Name WAHBY, ROBIN  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title P, CEO  
Name MARX, MARY  
Address ONE WEST ADAMS STREET, SUITE  
301  
City-State-Zip: JACKSONVILLE FL 32202

Title TR  
Name BARNES, MARK  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name DUPUTY, GRETA  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF BUSINESS OFFICER  
Name GILES, THRESA  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN  
Name SNEAD, MARK  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF PROGRAM OFFICER  
Name BRODNAX, SHANA  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

Title CHIEF EXTERNAL AFFAIRS OFFICER  
Name JONES, NONA  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THRESA GILES

**CHIEF BUSINESS  
OFFICER**

**01/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF ORGANIZATIONAL DEVELOPMENT  
OFFICER  
Name CANCEL, YESSICA  
Address ONE WEST ADAMS STREET  
SUITE 301  
City-State-Zip: JACKSONVILLE FL 32202