

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01331

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	S
Name	JONES, NONA
Address	8423 SW 10 ROAD
City-State-Zip:	GAINESVILLE FL 32607
Title	TR
Name	BARNES, MARK
Address	2222 COLONIAL ROAD, SUITE 200
City-State-Zip:	FORT PIERCE FL 34950
Title	VC
Name	RAGANS, SHERRILL
Address	1305 PARGA STREET
City-State-Zip:	TALLAHASSEE FL 32304
Title	CHAIR-ELECT
Name	SNEAD, MARK
Address	1701 SE 10TH ST
City-State-Zip:	FORT LAUDERDALE FL 33316

Title	P
Name	MARX, MARY
Address	ONE WEST ADAMS STREET, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202
Title	C
Name	ZEGEL, CAROLE
Address	11011 NW 12TH PLACE
City-State-Zip:	GAINESVILLE FL 32606
Title	CFO
Name	GILES, THERESA
Address	ONE WEST ADAMS STREET SUITE 301
City-State-Zip:	JACKSONVILLE FL 32202

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: MARY MARX**PRESIDENT AND CEO****01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date