

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000061710

**Entity Name:** PASTORAL SPIRITUAL CARE INC

**Current Principal Place of Business:**

2595 COUNTRYSIDE BLVD  
#309  
CLEARWATER, FL 33761

**Current Mailing Address:**

2595 COUNTRYSIDE BLVD  
#309  
CLEARWATER, FL 33761 US

**FEI Number:** 47-1406515

**Certificate of Status Desired:** No

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

ROBERT F. DIMARCO, C.P.A. PA  
220 PINE AVENUE N  
SUITE A  
OLDSMAR, FL 34677 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 P  
Name BRUMET, ROBERT REV  
Address 907 W 101ST TERRACE  
City-State-Zip: KANSAS CITY MO 64114

Title VP  
Name FORTNER, ROBERT REV  
Address P O BOX 653  
City-State-Zip: OZONA FL 34660

Title S/T  
Name SCHOENFELDER, MARILYN  
Address 4882 W BREEZE CIRCLE  
City-State-Zip: PALM HARBOR FL 34683

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARILYN KAY SCHOENFELDER

**OWNER**

**04/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date