

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003705

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: LC PASTORAL SERVICES, INC.

**Current Principal Place of Business:**

590 COLUMBUS AVE  
THORNWOOD, NY 10594

**New Principal Place of Business:**

**Current Mailing Address:**

590 COLUMBUS AVE  
THORNWOOD, NY 10594

**New Mailing Address:**

FEI Number: 06-1540230

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: REILLY, SCOTT  
Address: 1585 LAZY RIVER LANE  
City-St-Zip: SANDY SPRINGS, GA 30350

Title: VCVP ( ) Delete  
Name: DEVEREUX, PETER  
Address: 2595 SPALDING DRIVE  
City-St-Zip: ATLANTA, GA 30350

Title: DST ( ) Delete  
Name: ORTEGA, JOSE F  
Address: 590 COLUMBUS AVE  
City-St-Zip: THORNWOOD, NY 10594

Title: D ( ) Delete  
Name: MASSICK, DANIEL  
Address: 1449 MELWOOD DRIVE  
City-St-Zip: SAN JOSE, CA 95118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REILLY, SCOTT  
Address: 55 CLUB COURT  
City-St-Zip: ALPHARETTA, GA 30005

Title: VPD (X) Change ( ) Addition  
Name: DALY, DAVID  
Address: 2595 SPALDING DRIVE  
City-St-Zip: ATLANTA, GA 30350

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCROGGIN, CHRISTOPHER  
Address: 3813 CABEZA DE VACA  
City-St-Zip: IRVING, TX 75062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE FELIX ORTEGA

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01/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date