

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003112

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC3080696504**

**Entity Name:** THE PACES FOUNDATION, INC.

**Current Principal Place of Business:**

2730 CUMBERLAND BLVD  
SMYRNA, GA 30080

**Current Mailing Address:**

2730 CUMBERLAND BLVD  
SMYRNA, GA 30080

**FEI Number:** 58-1949667

**Certificate of Status Desired:** No

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

B&C CORPORATE SERVICES OF CENTRAL FLA. INC  
390 N ORANGE AVE, SUITE 1400  
ORLANDO, FL 32801 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            PRESIDENT  
Name            DU MAS, MARK  
Address        2257 NORBURY DRIVE  
City-State-Zip: SMYRNA GA 30080

Title            SECRETARY  
Name            KIRBY, KEVIN D. P.C.  
Address        1401 PEACHTREE STREET  
                  SUITE 500  
City-State-Zip: ATLANTA GA 30309

Title            BOARD OF DIRECTORS  
Name            BOWEN, JULIE  
Address        425 PEACHTREE HILLS AVENUE  
City-State-Zip: ATLANTA GA 30305

Title            BOARD OF DIRECTORS  
Name            JONES, BETTY  
Address        606 W. 60TH STREET  
City-State-Zip: SAVANNAH GA 31405

Title            BOARD OF DIRECTORS  
Name            DYE, RUSSELL  
Address        425 SPRING STREET, SE  
                  SUITE 200  
City-State-Zip: GAINESVILLE GA 30501

Title            VP  
Name            SANDELL, RENEE  
Address        2730 CUMBERLAND BLVD  
City-State-Zip: SMYRNA GA 30080

*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:** MARK M. DU MAS

**P**

**03/17/2017**

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

\_\_\_\_\_  
Date