2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004077

1. Entity Name

PACE AREA RECREATION FOR KIDS, INC.



FILED Apr 19, 2004 08:00 AM Secretary of State

Fee Required

Principal Place of Business

Mailing Address

4960 FOREST CREEK DRIVE PACE, FL 32571 4960 FOREST CREEK DRIVE PACE, FL 32571



DO NOT WRITE IN THIS SPACE

04012004 NO Olig-IVP	Onecos	(10/00)
4. FEI Number		Applied For
59-3652364	_	. Not Applicable
5. Certificate of Status Desired	\$	8.75 Additional

6. Name and Address of Current Registered Agent

FORTUNE, MARY STEWART 4960 FOREST CREEK DRIVE PACE, FL 32571

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Adva Double Square, typically priced same of registered agent and the ill population. (NOTE: Registered Agent algorithm registering) DATE					
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000117888
10.	OFFICERS AND DIREC	CTORS			04/19/04-80038-002 61.25
NAME STREET ADDRESS CITY-ST-ZIP	FORTUNE, MARY STEWART 4960 FOREST CREEK DR PACE, FL 32571				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LABOMARD, KELLY 3629 SWEET BAY DR PACE, FL 32571		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELL, STEPHEN 5748 ENGLISH TURN DR PACE, FL 32571				
TITLE NAME STREET ADDRESS DITY-ST-ZIP	T FORTUNE, TERRY L 4960 FOREST CREEK DR PACE, FL 32571		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					good google on the control of the co
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					