

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004077

FILED  
May 01, 2007  
Secretary of State

Entity Name: PACE AREA RECREATION FOR KIDS, INC.

**Current Principal Place of Business:**

4960 FOREST CREEK DRIVE  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

4960 FOREST CREEK DRIVE  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 59-3652364      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FORTUNE, MARY STEWART  
4960 FOREST CREEK DRIVE  
PACE, FL 32571      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: P      ( ) Delete  
Name: FORTUNE, MARY STEWART  
Address: 4960 FOREST CREEK DR  
City-St-Zip: PACE, FL 32571

Title: VP      ( ) Delete  
Name: LABOMARD, KELLY  
Address: 3629 SWEET BAY DR  
City-St-Zip: PACE, FL 32571

Title: S      ( ) Delete  
Name: SHELL, STEPHEN  
Address: 5748 ENGLISH TURN DR  
City-St-Zip: PACE, FL 32571

Title: T      ( ) Delete  
Name: FORTUNE, TERRY L  
Address: 4960 FOREST CREEK DR  
City-St-Zip: PACE, FL 32571

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

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

Title: VP      (X) Change ( ) Addition  
Name: LABOMARD, KELLY  
Address: 5465 STAFFORD CIRCLE  
City-St-Zip: PACE, FL 32571

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

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

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: MARY STEWART FORTUNE

P

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date