

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

DOCUMENT# N09000012093

**Entity Name:** PACEMAKERS, INC.

**Current Principal Place of Business:**

2762 HENLEY ROAD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

2762 HENLEY ROAD  
GREEN COVE SPRINGS, FL 32043 US

**FEI Number:** 59-2929126

**Certificate of Status Desired:** No

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

STECKLEY, LINDA D  
2762 HENLEY ROAD  
GREEN COVE SPRINGS, FL 32043 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 ALLEN, MITZY  
Address 25188 E MARION AVE T-1015  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name CIROU, TOM  
Address 471 OLD COUNTRY ROAD 78  
City-State-Zip: LABELLE FL 33935

Title TREA  
Name ALEXANDER, DON  
Address 5520 NE 51 AVENUE  
City-State-Zip: HIGH SPRINGS FL 32643

Title SEC  
Name STECKLEY, LINDA D  
Address 2762 HENLEY ROAD  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** LINDA D. STECKLEY

**SECRETARY**

**03/01/2017**

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

\_\_\_\_\_  
Date