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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **707822** **(3)**

1. Corporation Name
COMMUNITY SERVICE FOUNDATION

Principal Place of Business	Mailing Address
925 LAKEVIEW CLEARWATER FL 34616 US	925 LAKEVIEW ROAD CLEARWATER FL 34616 US

3. Date Incorporated or Qualified: 09/16/1964

4. FEI Number: 59-0866939 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33756 Country 25	Zip 29: 33756 Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARY M. VAUGHN
1045 CHINABERRY ROAD
1478 SOUTHRIDGE DR.
CLEARWATER 34616

10. Name and Address of New Registered Agent

81 Name: MARY M. VAUGHN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1478 SOUTHRIDGE RD
84 City: CLEARWATER FL 85 Zip Code: 33756

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mary M. Vaughn — MARY M. VAUGHN, PRESIDENT — 1-23-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	REGULSKI, LEE		1.2 NAME		
STREET ADDRESS	1045 CHINABERRY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 34624		1.4 CITY-ST-ZIP	33764	
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LYLIVA M. COSTELLO		2.2 NAME	SYLVIA COSTELLO	
STREET ADDRESS	210 EWING AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	33756	
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ROTZ, D. A		3.2 NAME		
STREET ADDRESS	825 BROADWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		3.4 CITY-ST-ZIP	34698	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAUGHN, MARY		4.2 NAME		
STREET ADDRESS	1478 SOUTHRIDGE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	33756	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARQUARDT, E C JR		5.2 NAME		
STREET ADDRESS	845 INDIAN ROCKS RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR FL		5.4 CITY-ST-ZIP	33754	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JAMIESON, HARRY B		6.2 NAME		
STREET ADDRESS	301 JASMINE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	33756	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary M. Vaughn — MARY M VAUGHN — PRESIDENT — 1/23/98