NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2004 8:00 am
Secretary of State
01-28-2004 90005 050 ****70.00

DOCUMENT # 707822

1. Entity Name

COMMUNITY SERVICE FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

94005451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
925 LAKEVIEW ROAD	925 LAKEVIEW ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33756 Country: PINELLAS	Zip: 33756 Country: PINELLAS

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARQUARDT, EMIL C. JR.

Street Address (P.O. Box Number is Not Acceptable): 625 COURT ST.

City: CLEARWATER FL Zip Code: 33756

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: ~~[signature]~~ SIGNED IN ERROR - NO CHANGE ~~1-21-04~~

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	REGULSKI, LEE
STREET ADDRESS	1045 CHINABERRY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	VICE PRESIDENT/DIRECTOR
NAME	ROTZ, D. ALAN
STREET ADDRESS	2424 ENTERPRISE RD. SUITE G
CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	TREASURER/DIRECTOR
NAME	GAFFNEY, TERESE
STREET ADDRESS	825 BROADWAY
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	SECRETARY/DIRECTOR
NAME	KEMP, LINDA
STREET ADDRESS	11701 BELCHER RD. SUITE 110
CITY-ST-ZIP	LARGO, FL 33773
TITLE	DIRECTOR
NAME	MARQUARDT, EMIL C. JR.
STREET ADDRESS	625 COURT ST.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	DIRECTOR
NAME	JAMIESON, HARRY B.
STREET ADDRESS	1956 BAYSHORE BLVD.
CITY-ST-ZIP	DUNEDIN, FL 34698

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CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-21-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 707822

1. Entity Name

COMMUNITY SERVICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
925 LAKEVIEW ROAD CLEARWATER FL 33756 US	925 LAKEVIEW ROAD CLEARWATER FL 33756 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.
625 COURT STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REGULSKI, LEE 1045 CHINABERRY RD CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Please refer to attached. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEMP, LINDA 11701 BELCHER RD. S, SUITE 110 LARGO FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROTZ, D. A 2519 MCMULLEN BROTH RD STE 202 CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANN, TIMOTHY 1111 CHATMAN CT. SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARQUARDT, E C JR 845 INDIAN ROCKS RD BELLEAIR FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMIESON, HARRY B 301 JASMINE WAY CLEARWATER FL 33756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #