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

DÖCUMENT # 707822

1. Entity Name

COMMUNITY SERVICE FOUNDATION, INC.



FILED Jan 28, 2004 8:00 am Secretary of State

01-28-2004 90005 050 ****70.00

DO NOT WRITE IN THIS SPACE

94005451

DO NOT WRITE IN THIS SPACE

_	City & State		City & State		4. FEI Number		Applied For
_	CLEARWATER,	, FL	CLEARWATER,	FL	59-0866939		Not Applicable
	Zip	Country	Zip	Country	E Continue of Continue	Γ Χ	\$8.75 Additional
33756P		PINELLAS	33756	PINELLAS	5. Certificate of Status Desired		Fee Required
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	7. Name and	Address of	Currer	nt Registered	Agent	
Name	MARQUARDT,	EMIL	c.	JR.	# N. J.	
	Address (P.O. Box Num					
	625 COURT	ST.	-,-			
City	CLEARWATER) .		FI	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

THE typed or printed name of registerst agent and title if an

SIGNED IN ERROR - NO CHANGE

4-21-09

DA^{*}

FEE IS \$61.25 Initial or Amended UBR **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State

42	Initial or Amended UBR Trust Fund Co	ontribution.	Added to Fees	Florida Department of State
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR REGULSKI, LEE 1045 CHINABERRY ROAD CLEARWATER, FL 33764	TITLE NAME STREET AUDRESS CRY4ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR ROTZ, D. ALAN 2424 ENTERPRISE RD. SUITE G CLEARWATER, FL 33763	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/DIRECTOR GAFFNEY, TERESE 825 BROADWAY DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR KEMP, LINDA 11701 BELCHER RD. SUITE 110 LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARQUARDT, EMIL C. JR. 625 COURT ST. CLEARWATER, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMIESON, HARRY B. 1956 BAYSHORE BLVD. DUNEDIN, FL 34698	TITLE NAME: STREET ADDRESS CITY: ST-ZIP	en e	

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, wilteral other like empowered.

SIGNATURE:

OSCILLAR DE SIGNING DESCES OF DIRECTOR

1-21-6K

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

AttAchmen

COMMUNITY SERVICE FOUNDATION, INC. Proposit Place of Business 28.5 LAKEVIEW ROAD CLEARWATER FL 33736 US 2. Priction Place of Business Suit, Apt. 8, otc. Suit, Apt.		ANNUAL RE	EPORT (AR)		_5_, , , , , , , , , , , , , , , , , , ,	mes			
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2. Principal Place of Business 3. Ms Imp Abdress 3. Ms Imp A	COMMUN	IITY SERVICE FOUNDATION	, INC.						
CLEARWATER FL 33756	Principal Plac	e of Business	Mailing Address						
Suite, Apt. P. etc. Suite, Apt. P. etc. Suite, Apt. P. etc. Cry & State Cry & State Cory & State Country	CLEARWAT		CLEARWATER FL 33756		6 (88) (100)	Najii 1880) iriid 1/676 ktal Atel	1 8424 918 14 912 15 81811 81811		
City & State City & State City & State City & State Country Special Country Country Special Country Street Address of Status Desired To Name and Address of New Registered Agent To Nam	2. Principal P	lace of Business	3. Mailing Address						
Specificate of Satus Desired Specificate Specificat	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		M	OORE CR2	E037 (11/03)		
S. Certificate of sthus Desired Fee Required MARQUARDT, EMIL C RR, 625 COURT STREET CLEARWATER FL 33756 City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Address (F.O. Box Number is Not Acceptable) Street Address (F.O. Box Number is Not Acceptable) City FL Zip Code Street Addres	City & Stat	е	City & State			9-0866939			
MARQUARDT, EMIL C JR. 625 COURT STREET CLEARWATER FL 33756 City FL Zip Code City F	Zip	Country	Zip	Country	5. Certificate of St	atus Desired			
MARQUARDT, EMIL C JR. 625 COURT STREET CLEARWATER FL 33756 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PILE NOW: FEE: IS \$61.25 Dite By May 1: 2004 PEGULSKI, LEE INM. SIRET ADDRESS CITY ST-2P TILE VO Defect INIT. SD. CARROTER FL 33764 PILE NORS: CITY ST-2P TILE MARC MANC ROTZ, D. A. TO Defect TILE MANN, TIMOTHY Defect TILE MANN, TIMOTHY Defect TILE MANN, TIMOTHY Defect TILE MANN, TIMOTHY MARC SIRET ADDRESS CITY ST-2P TO Defect TILE MANN, TIMOTHY MARC MA		6. Name and Address of Current R	egistered Agent	Namo	7. Name and Add	ress of New Registe	ered Agent		
City	МАГ	ROHARDT EMIL C IR		* -		 			
6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept intered by the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent. SIGNATURE SIGNATURE FILL NOW: FEE: IS \$61:25 Dive By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Dive By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME SIRET ADDRESS CITY 51:29 CLEARWATER FL 33764 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 REGULSKI, LEE INME LOSS CITY 51:29 LOSS CHANGES TO OFFICERS AND DIRECTORS IN 10 CLEARWATER FL 33761 CLEARWATER FL 33761 Delete NAME SIRET ADDRESS CITY 51:29 CLEARWATER FL 33766 Delete NAME MANN, TIMOTHY MANN, TIMOTHY MANN, TIMOTHY MANN, TIMOTHY MANN, TIMOTHY TILE NAME SIRET ADDRESS CITY 51:29 MANOUARDT, E C JR MANN, TIMOTHY MANN,	625	COURT STREET	•	Street Addr	ess (P.O. Box Number is l	Not Acceptable)			
SIGNATURE Signature Signa	CLE	ARWATER FL 33756						•	
SIGNATURE Signature Signa				City	FL Zip Code				
FILE NOW: FEE IS \$61.25 Due By May 1; 2004 SPICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. PD REGULSKI, LEE NAME SIREET ADDRESS CITY-ST-2P TILE NAME CITY-ST-2P TILE NAME NAME SIREET ADDRESS CITY-ST-2P TILE NAME NAME SIREET ADDRESS CITY-ST-2P TO Delete TILE NAME NAME SIREET ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TO DELETE NORTH ADDRESS CITY-ST-2P TILE NAME SIREET ADDRESS CITY-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P TILE NAME SIRET ADDRESS CITY-ST-2P TILE NAME			the purpose of changing its re	gistered office or reç	gistered agent, or both, in	the State of Florida.	am familiar with,	and accept	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylime Phone #