2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 707822

Entity Name: COMMUNITY SERVICE FOUNDATION, INC.

Current Principal Place of Business:

925 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

925 LAKEVIEW ROAD
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-0866939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR.
625 COURT STREET
CLEARWATER, FL 33756 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:	PD	( ) Delete
Name:	JAMIESON, HARRY B	
Address:	1956 BAYSHORE BLVD.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	SD	( ) Delete
Name:	KEMP, LINDA L	
Address:	28059 US 19 N	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VD	( ) Delete
Name:	LINDELOF, SUSAN L	
Address:	570 CARILLON PARKWAY	
City-St-Zip:	ST PETERSBURG, FL 33716	
Title:	TD	( ) Delete
Name:	GAFFNEY, TERESE M	
Address:	1150 CLEVELAND STREET	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	D	( ) Delete
Name:	MARQUARDT, EMIL C JR	
Address:	625 COURT STREET	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	REGULSKI, LEE	
Address:	1045 CHINABERRY ROAD	
City-St-Zip:	CLEARWATER, FL 33764	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	LANGAN, LISA	
Address:	715 S. FORT HARRISON	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	SD	(X) Change ( ) Addition
Name:	KEMP, LINDA L	
Address:	5959 CENTRAL AVE, #105	
City-St-Zip:	ST PETERSBURG, FL 33710	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: LISA LANGAN PD 01/09/2009

Electronic Signature of Signing Officer or Director — Date