2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90087 034 ****70.00

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1. Entity Name
THE 7TH GENERATION COMMUNITY SERVICES CORPORATION

Principal Place of Business	Mailing Address
4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780	4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780

03312005 Chg-NP CR2E037 (10/03)

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 20-0409846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, WILL
4495 S. HOPKINS AVENUE
TITUSVILLE, FL 32780

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

Filing Fee is $61.25
Due by May 1, 2005

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	CPT BARNES, KENNETH G 4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, KENNETH G. 4495 S. HOPKINS AVE TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARNES, PATRICIA A 4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/P/T BARNES, PATRICIA A. 4495 HOPKINS AVE TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HESS, LOREN H 1321 RESEARCH PARK DRIVE BEAVERCREEK, OH 45432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, BRADLEY 2766 JOSHUA TREE LANE PRESCOTT, AZ 86301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, CHRISTOPHER 1030 WASHINGTON AVENUE GIRARD, OH 44420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNBAR, GENE P.O. BOX 121 SAN ANTONIO, TX 78291	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARP, LOIS RT 2, BOX 567 MCCLOUD, OK 74851	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V HARP, RON RT 2, BOX 567 MCCLOUD, OK 74851	☐ 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: Patricia A Barnes PATRICIA A. BARNES 4/13/05 321-269-6959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
#N0300000087X5

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2005 Annual Report
The 7th Generation Community Services Corp

Block 11 (Continued)

Title	D	☐ Change ☒ Addition
Name	Old Elk, Carlene	
Street Address	P.O. Box 111	
City – State - Zip	Gerryowen, MT 59031	
Title	D	☐ Change ☒ Addition
Name	Old Elk, Daniel	
Street Address	P.O. Box 111	
City – State - Zip	Gerryowen, MT 59031	