2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008745

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

03282006 No Chg-NP CR2E037 (11/05)

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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

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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)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNES, KENNETH G
STREET ADDRESS	4495 S. HOPKINS AVENUE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	CPT
NAME	BARNES, PATRICIA A
STREET ADDRESS	4495 HOPKINS AVE
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	DS
NAME	HESS, LOREN H
STREET ADDRESS	1321 RESEARCH PARK DRIVE
CITY-ST-ZIP	BEAVERCREEK, OH 45432
TITLE	D
NAME	BARNES, CHRISTOPHER
STREET ADDRESS	1030 WASHINGTON AVENUE
CITY-ST-ZIP	GIRARD, OH 44420
TITLE	D
NAME	BARNES, BRADLEY
STREET ADDRESS	2766 JOTINA TREE LANE
CITY-ST-ZIP	PRESCOTT, AZ 86301
TITLE	P
NAME	DUNBAR, GENE
STREET ADDRESS	P.O. BOX 121
CITY-ST-ZIP	SAN ANTONIO, TX 78291

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04/22/06-80050-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 3/28/2006 321-265-6539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #