2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90228 009 ****61.25

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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

04232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
DAVIS, WILL 4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780	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)

Filing Fee is $61.25
Due by May 1, 2007

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	D BARNES, KENNETH G 4495 S. HOPKINS AVENUE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HESS, LOREN H 4141 COLONEL GLENN HWY, STE 211 BEAVER CREEK, OH 45431	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPT BARNES, PATRICIA A 4495 HOPKINS AVE TITUSVILLE, FL 32780	☐ 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	DS HESS, LOREN H 1321 RESEARCH PARK DRIVE BEAVERCREEK, OH 45432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGER, PAUL 6295 WINDOVER WAY TITUSVILLE, FL 32780	☐ 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 OLD ELK, CARLENE P.O. Box 111 GERRYOWEN, MT 59031	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, BRADLEY 2766 JOTINA TREE LANE PRESCOTT, AZ 86301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLD ELK, DANIEL P.O. Box 111 GERRYOWEN, MT 59031	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUNBAR, GENE P.O. BOX 121 SAN ANTONIO, TX 78291	☐ 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 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: _____ LOREN HESS, SECRETARY 4/23/07 800-797-2959 X104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #