## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

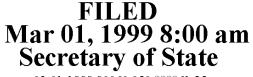


FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999



03-01-1999 90060 050 \*\*\*\*61.25

Corporation	MENT # <b>738889</b> COMMUNITY SERVICES, IN	AC.			
Principal Place of Business Mailing Address					
9 BETH STACY BLVD. #206 LEHIGH ACRES FL 33936 US		9 BETH STACY BLVD. #206 LEHIGH ACRES FL 33936 US			
Principal Place of Business     2a, Mailing Address					3. Date Incorporated or Qualifed
21 26		26			05/03/1977
- <b>-</b>		Suite, Apt. #, etc.	it. #, etc.		4. FEI Number Applied For
22 27					59-1773738 Not Applicable
23 City & Sta	City & State City & State				5. Certificate of Status Desired
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be
24	25		30		Trust Fund Contribution Added to Fees
	9. Name and Address of Current	Registered Agent		<del></del> -	10. Name and Address of New Registered Agent
			81	Name	.e
RICE, VERNA LEA 82 Stre				Street	et Address (P.O. Box Number is Not Acceptable)
204 NORTH 8TH AVE.			83	ļ	<del></del>
LEHIGH A	LEHIGH ACRES FL 33936			(	
1			84	City	FL 85 Zip Code
office or i	egistered agent, or both, in the State of im familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 617.0503, Floric	horized by da Statutes	the corp	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		TD ☐ Change ☐ Addition
NAME	MATHENY, CHARLES		1.2 NAME		DEBBIE L. DOSTER
STREET ADDRESS	18413 ORANGECREST CT. SW		1.3 STREET ADDRESS		s 4114 5th St SW
CITY-ST-ZIP	LEHIGH ACRES FL 33936		1.4 CITY-S	r-ZIP	Lehigh Agres, FL 33971
TITLE	VD	☐ DELETE	2.1 TITLE		Change Addition
NAME	Jackson, Debbie		2.2 NAME		·
STREET ADDRESS	325 ROOSEVELT AVENUE		2.3 STREET ADDRESS		s <del>,</del>
CITY-ST-ZIP	LEHIGH ACRES FL 33936		2.4 CITY-ST-ZIP		<u> </u>
TITLE	TD	<b>☑</b> DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEDRICK, MARY L.		32 NAME		·
STREET ADDRESS	411 0 1111 11 111 111 111 111		3.3 STREET ADDRESS		s
CITY-ST-ZIP TITLE	LEHIGH ACRES FL 33936	☐ DELETE	3.4. CITY-ST-ZIP		
NAME	SD Matheny, Patricia		4.1 TITLE		Change Addition
	1110 HOMESTEAD RD.		4.2 NAME		
CITY-ST-ZIP	LEHIGH ACRES FL 33936		. 4.3 STREET ADDRESS		2
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KESSLER, MYRA	<u> </u>	5.2 NAME		
STREET ADDRESS	201 E JOEL BLVD		5.3 STREET	ADORESS !	s
CITY-ST-ZIP	LEHIGH ACRES FL 33936		5.4 CITY-ST		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RAULERSON, LAUREL		6.2 NAME		

14. 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 annual report or supplemental annual 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 convertion or the receiver or trustee empowered to effect this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with air address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS 2701 LEE BLVD