

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90228 009 \*\*\*\*61.25

**DOCUMENT # N03000008745**

1. Entity Name  
**THE 7TH GENERATION COMMUNITY SERVICES  
CORPORATION**



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

Mailing Address  
**4495 S. HOPKINS AVENUE  
TITUSVILLE, FL 32780**



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

04232007

Chg-NP

CR2E037 (12/06)

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

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, 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 **D** ☐ Delete  
NAME **BARNES, KENNETH G**  
STREET ADDRESS **4495 S. HOPKINS AVENUE**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Hess, LOREN H**  
STREET ADDRESS **4141 COLONEL GUINN HWY, Ste 211**  
CITY-ST-ZIP **BEAVER CREEK, OH 45431**

TITLE **CPT** ☐ Delete  
NAME **BARNES, PATRICIA A**  
STREET ADDRESS **4495 HOPKINS AVE**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☒ Change ☐ Addition  
NAME **DUNBAR, GENE**  
STREET ADDRESS **P.O. BOX 121**  
CITY-ST-ZIP **SAN ANTONIO, TX 78291**

TITLE **DS** ☐ Delete  
NAME **HESS, LOREN H**  
STREET ADDRESS **1321 RESEARCH PARK DRIVE**  
CITY-ST-ZIP **BEAVERCREEK, OH 45432**

TITLE **D** ☐ Change ☒ Addition  
NAME **BURGER, PAUL**  
STREET ADDRESS **6295 WINDOVER WAY**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

TITLE **D** ☐ Delete  
NAME **BARNES, CHRISTOPHER**  
STREET ADDRESS **1030 WASHINGTON AVENUE**  
CITY-ST-ZIP **GIRARD, OH 44420**

TITLE **D** ☐ Change ☒ Addition  
NAME **OLD ECK, CARLENE**  
STREET ADDRESS **P.O. Box 111**  
CITY-ST-ZIP **GEARYOWEN, MT 59031**

TITLE **D** ☐ Delete  
NAME **BARNES, BRADLEY**  
STREET ADDRESS **2766 JOTINA TREE LANE**  
CITY-ST-ZIP **PRESCOTT, AZ 86301**

TITLE **D** ☐ Change ☒ Addition  
NAME **OLD ECK, DANIEL**  
STREET ADDRESS **P.O. Box 111**  
CITY-ST-ZIP **GEARYOWEN, MT 59031**

TITLE **P** ☐ Delete  
NAME **DUNBAR, GENE**  
STREET ADDRESS **P.O. BOX 121**  
CITY-ST-ZIP **SAN ANTONIO, TX 78291**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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* **LOREN HESS SECRETARY**

**4/23/07**

Date

**800-797-2955 X104**

Daytime Phone #