

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763910

Entity Name: QUALITY OF LIFE COMMUNITY SERVICES, INC.**Current Principal Place of Business:**7525 BLIND PASS ROAD
ST. PETE BEACH, FL 33706**Current Mailing Address:**7525 BLIND PASS ROAD
ST. PETE BEACH, FL 33706 US**FEI Number:** 59-2201196**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLE, STEPHEN O
625 COURT STREET
2ND FLOOR
CLEARWATER, FL 33756 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	MOSES, MICHAEL J
Address	7525 BLIND PASS ROAD
City-State-Zip:	ST . PETE BEACH FL 33706

Title	DIRECTOR
Name	CASTELLANO, NANCY
Address	7525 BLIND PASS ROAD
City-State-Zip:	ST. PETE BEACH FL 33706

Title	DIRECTOR
Name	DONAHUE, ANNE
Address	625 COURT STREET ATTN: STEPHEN COLE 2ND FLOOR
City-State-Zip:	CLEARWATER FL 33756

Title	DIRECTOR
Name	WEAVER, CHARLES T
Address	7525 BLIND PASS ROAD
City-State-Zip:	ST. PETE BEACH FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CASTELLANO, NANCY**DIRECTOR****04/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date