

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763910

Entity Name: QUALITY OF LIFE COMMUNITY SERVICES, INC.**Current Principal Place of Business:**2007 W KENNEDY BLVD
TAMPA, FL 33606**Current Mailing Address:**2007 W KENNEDY BLVD
TAMPA, FL 33606 US**FEI Number:** 59-2201196**Certificate of Status Desired:** Yes**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	DP
Name	MOSES, MICHAEL J
Address	201 N. FRANKLIN STREET, SUITE 2000
City-State-Zip:	TAMPA FL 33602
Title	D
Name	WEAVER, CHARLES "TRIP"
Address	201 N. FRANKLIN STREET, SUITE 2000
City-State-Zip:	TAMPA FL 33602

Title	D
Name	DONAHUE, ANNE M
Address	201 N. FRANKLIN STREET, SUITE 2000
City-State-Zip:	TAMPA FL 33602
Title	DIRECTOR
Name	CASTELLANO, NANCY
Address	2007 W KENNEDY BLVD
City-State-Zip:	TAMPA FL 33606

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: NANCY J CASTELLANO**DIRECTOR****03/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date