

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707822 (3)
1. Corporation Name
COMMUNITY SERVICE FOUNDATION



Principal Place of Business: **111 S. GARDEN AVENUE CLEARWATER FL 34616**
Mailing Address: **111 S. GARDEN AVENUE CLEARWATER FL 34616**

3. Date Incorporated or Qualified: **09/16/1964**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business: **21 925 Lakeview**
2a. Mailing Address: **26 925 Lakeview Rd.**
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State: **Clearwater, FL**
28. City & State: **Clearwater, FL**
24. Zip: **34616** 25. Country: **Pinellas**
29. Zip: **34616** 30. Country: **Pinellas**

4. FEI Number: **59-0866939**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **LEE REGULSKI, 1045 CHINABERRY ROAD, CLEARWATER 34824**
10. Name and Address of New Registered Agent:
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGULSKI, LEE	1.2 NAME	
STREET ADDRESS	1045 CHINABERRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 34624	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORCROSS, MACLANE	2.2 NAME	Stephanie Marquardt
STREET ADDRESS	800 E. GULF BLVD., #3	2.3 STREET ADDRESS	911 Chestnut St.
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	2.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTZ, D. A	3.2 NAME	
STREET ADDRESS	2520 COUNTRYSIDE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, MARY	4.2 NAME	
STREET ADDRESS	16120 U.S. 19 N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUARDT, E C JR	5.2 NAME	
STREET ADDRESS	845 INDIAN ROCKS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIESON, HARRY B	6.2 NAME	
STREET ADDRESS	400 CLEVELAND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Regulski LEE REGULSKI Date: 2/6/96 813-531-4259
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)