

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 707822 (3)

1. Corporation Name
COMMUNITY SERVICE FOUNDATION



Principal Place of Business Mailing Address
925 LAKEVIEW CLEARWATER FL 34616 US
925 LAKEVIEW ROAD CLEARWATER FL 34616-3420 US

3. Date Incorporated or Qualified 09/16/1964
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-0866939
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE REGULSKI
1045 CHINABERRY ROAD
CLEARWATER 34624

81 Name MARY M. VAUGHN
82 Street Address (P.O. Box Number is Not Acceptable)
83 1478 SOUTH RIDGE DR
84 City CLEARWATER FL 85 Zip Code 34614

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 617.0303, Florida Statutes.

SIGNATURE *Mary M. Vaughn, Pres.* 1-17-97
Signature, typed or printed name of registered agent and title if applicable (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 |
| NAME | REGULSKI, LEE | |
| STREET ADDRESS | 1045 CHINABERRY ROAD | |
| CITY-ST-ZIP | CLEARWATER, FL 34624 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | MARQUARDT, STEPHANIE | |
| STREET ADDRESS | 911 CHESTNUT STREET | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ROTZ, D. A | |
| STREET ADDRESS | 2520 COUNTRYSIDE BLVD. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | VAUGHN, MARY | |
| STREET ADDRESS | 16120 U.S. 19 N. | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARQUARDT, E C JR | |
| STREET ADDRESS | 845 INDIAN ROCKS RD | |
| CITY-ST-ZIP | BELLEAIR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JAMIESON, HARRY B | |
| STREET ADDRESS | 400 CLEVELAND ST. | |
| CITY-ST-ZIP | CLEARWATER FL | |

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SYLVIA M. COSTELLO | |
| 2.3 STREET ADDRESS | 210 ENING AVENUE | |
| 2.4 CITY-ST-ZIP | CLEARWATER FL 34614 | |
| 3.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 825 BROADWAY | |
| 3.4 CITY-ST-ZIP | DUNEDIN, FL 34698 | |
| 4.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 1478 SOUTH RIDGE DR | |
| 4.4 CITY-ST-ZIP | CLEARWATER FL 34614 | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | 34614 | |
| 6.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | 301 JASMINE WAY | |
| 6.4 CITY-ST-ZIP | CLEARWATER FL 34614 | |

14. I do 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 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: *Mary M. Vaughn, Pres.* 1-17-97 813-586-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0086931

CR2E037 (9/96)