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SECRET

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707822

1. Corporation Name

COMMUNITY SERVICE FOUNDATION, INC.

Principal Place of Business

925 LAKEVIEW ROAD
CLEARWATER FL 33756
US

Mailing Address

925 LAKEVIEW ROAD
CLEARWATER FL 33756
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/16/1964

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-0866939

Not Applicable

City & State

City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARQUARDT, EMIL C JR.
625 COURT STREET
CLEARWATER FL 33756

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

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 TD
NAME REGULSKI, LEE
STREET ADDRESS 1045 CHINABERRY ROAD
CITY-ST-ZIP CLEARWATER, FL 34624 33764

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME COSTELLO, SYLVIA
STREET ADDRESS 210 EWING AVE.
CITY-ST-ZIP CLEARWATER FL 33756

2.1 TITLE PRESIDENT/DIRECTOR
2.2 NAME PD
2.3 STREET ADDRESS PD
2.4 CITY-ST-ZIP

TITLE VD
NAME ROTZ, D. A
STREET ADDRESS 825 BROADWAY
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE DIRECTOR
3.2 NAME D
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME VAUGHN, MARY
STREET ADDRESS 1478 SOUTHRIDGE DR.
CITY-ST-ZIP CLEARWATER FL 33756

4.1 TITLE DIRECTOR
4.2 NAME D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MARQUARDT, E C JR
STREET ADDRESS 845 INDIAN ROCKS RD
CITY-ST-ZIP BELLEAIR FL 33756

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME JAMIESON, HARRY B
STREET ADDRESS 301 JASMINE WAY
CITY-ST-ZIP CLEARWATER FL 33756

6.1 TITLE VICE PRESIDENT/DIRECTOR
6.2 NAME VD
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Leish... REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 (727) 5814254
Date Daytime Phone #

CR2E037 (1/98)