

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
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95 MAY -1 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/12/95 --01109--005  
\*\*\*\*130.00 \*\*\*\*130.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 723435 (4)  
1. Corporation Name  
RELIGIOUS COMMUNITY SERVICES, INC.

Principal Place of Business Mailing Address  
1855 HIGHLAND AVE. S. CLEARWATER FL 34616-8750  
1855 HIGHLAND AVE. S. CLEARWATER FL 34616-8750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1972 3a. Date of Last Report 03/21/1994

4. FEI Number 59-1309186 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HOUGHTON, ERIC  
1515 BAYSHORE BLVD #28  
DUNEDIN FL 34698

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BAKER, HARRY
STREET ADDRESS	2257 GLENMOOR ROAD, N.
CITY - ST - ZIP	CLEARWATER FL
TITLE	PD
NAME	JENSEN, ELLEN
STREET ADDRESS	21 PINDO PALM WEST
CITY - ST - ZIP	LARGO FL
TITLE	SD
NAME	NIETZOLD, FRANCES
STREET ADDRESS	11 PALM FOREST DRIVE
CITY - ST - ZIP	LARGO FL
TITLE	VD
NAME	MERZWEILER, JUDY
STREET ADDRESS	618 BELLE ISLE AVE.
CITY - ST - ZIP	BELLEAIR BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POWELL, PEGGY	
1.3 STREET ADDRESS	160 BLUFF VIEW DRIVE	
1.4 CITY - ST - ZIP	BELLEAIR BLUFFS, FL 34640	
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOROSY, SABINE	
2.3 STREET ADDRESS	1180 NORWOOD AVENUE	
2.4 CITY - ST - ZIP	CLEARWATER, FL 34616	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TRAWINSKI, EILEEN	
3.3 STREET ADDRESS	995 BRUCE AVENUE	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34630	
4.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GIBBS, JEAN	
4.3 STREET ADDRESS	1000 TARPON WOODS BLVD., #302	
4.4 CITY - ST - ZIP	PALM HARBOR, FL 34685	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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: Peggy Powell PEGGY POWELL, TREASURER 4/18/95 813/584-3528  
(Type name and typed or printed name of signing officer or director) (Date) (System Phone #)

*5/1/95  
MST*