

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723435 (4)

1. Corporation Name
RELIGIOUS COMMUNITY SERVICES, INC.



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

3. Date Incorporated or Qualified: 05/17/1972
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1309186		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		□ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				□ Yes □ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOUGHTON, ERIC 1515 BAYSHORE BLVD #28 DUNEDIN FL 34698				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD POWELL, PEGGY 160 BLUFF VIEW DRIVE BELLEAIR BLUFFS FL 34640	1.1 TITLE	VD RAY MYERS 634 EDGEWATER DRIVE, #246 DUNEDIN, FL 34698
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD KOROSY, SABINE 1180 NORWOOD AVENUE CLEARWATER FL 34616	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD TRAWINSKI, EILEEN 995 BRUCE AVENUE CLEARWATER FL 34630	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD GIBBS, JEAN 1000 TARRON WOODS BLVD., #302 PALM HARBOR FL 34685	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Peggy Powell* Peggy Powell Treasurer 2/19/96 (813) 584-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)