

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08 1997 8:00am
Secretary of State



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

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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 34616-1750

3. Date Incorporated or Qualified 05/17/1972
3a. Date of Last Report 03/04/1996
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
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HOUGHTON, ERIC
1515 BAYSHORE BLVD #28
DUNEDIN FL 34898

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 *William T. Trautwein* WILLIAM T. TRAUTWEIN, VICE PRESIDENT 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, REGGY	
STREET ADDRESS	160 BLUFF VIEW DRIVE	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOROSY, SABINE	
STREET ADDRESS	1180 NORWOOD AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34618	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TRAWINSKI, EILEEN	
STREET ADDRESS	995 BRUCE AVENUE	
CITY-ST-ZIP	CLEARWATER FL 34630	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, RAY	
STREET ADDRESS	634 EDGEWATER DRIVE #246	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEBB, WALLACE	
1.3 STREET ADDRESS	618 ROANOKE STREET	
1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MYERS, RAY	
2.3 STREET ADDRESS	634 EDGEWATER DRIVE, #246	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GIBBS, JFAN	
3.3 STREET ADDRESS	1099 MCMULLEN BOOTH ROAD, #326	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRAUTWEIN, WILLIAM	
4.3 STREET ADDRESS	1949 LOS LOMAS DRIVE	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
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 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 unchanged, or on an attachment with an address.

SIGNATURE *Ray Myers* RAY MEYERS, PRESIDENT 3/31/97 (912) 594-2500

CP2E037 (9/96)