

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723435

1. Entity Name

RELIGIOUS COMMUNITY SERVICES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90110 006 ****70.00

Principal Place of Business

Mailing Address

1855 HIGHLAND AVE S
 CLEARWATER FL 33756-8750
 US

1855 HIGHLAND AVE. S.
 CLEARWATER FL 33756-1750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1309186

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

Zip
 33756-1750

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKMAN, RON W EXECUTI
 4104 W PLATT ST
 TAMPA FL 33609

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME TD
 STREET ADDRESS MARSH, AMBROSE
 CITY-ST-ZIP 1100 BELCHER RD S #548
 LARGO FL 33771

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME PD
 STREET ADDRESS MEASE, EARL
 CITY-ST-ZIP 1604 SUNSET DR.
 CLEARWATER FL-33755

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 STREET ADDRESS GIBBS, JEAN
 CITY-ST-ZIP 1099 MCMULLEN BOOTH ROAD, #326
 CLEARWATER FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 STREET ADDRESS TRAUTWEIN, BILL
 CITY-ST-ZIP 1949 LOS LOMAS DR
 CLEARWATER FL 33763

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS DICKMAN, RON W
 CITY-ST-ZIP 4104 W PLATT ST
 TAMPA FL 33609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SD
 STREET ADDRESS COLE, BECKY
 CITY-ST-ZIP 925 BAY ESPLANADE
 CLEARWATER FL 33767

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD DICKMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Dir.

01/3/00

727-584-3528
 Daytime Phone #

CR2E037 (9/99)