


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90229 002 ****70.00

DOCUMENT # 723435
 1. Entity Name
RELIGIOUS COMMUNITY SERVICES, INC.



Principal Place of Business
503 S MARTIN LUTHER KING JR. AVE
CLEARWATER, FL 33756 US

Mailing Address
503 S MARTIN LUTHER KING JR. AVE
CLEARWATER, FL 33756 US

60001757



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1309186 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DICKMAN, RON W EXECUTI
4019 WATERMAN AVE. WEST
TAMPA, FL 33609

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOUGHTON, MURRAY	
STREET ADDRESS	1743 MACDONNELL DRIVE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKMAN, RON W	
STREET ADDRESS	4019 WATERMAN AVE. WEST	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAGE, MARIE E	
STREET ADDRESS	4303 TREMBLAY WAY	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STIERS, CHARLES E	
STREET ADDRESS	5 GATESHEAD #302	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MUYSKENS, DON	
STREET ADDRESS	55 ROGERS S # 404	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Trautwein	
STREET ADDRESS	1949 Los Lomas Dr.	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen O. Cole	
STREET ADDRESS	925 Bay Esplanade	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ron Dickman**

Date **1-10-06** Daytime Phone # **727-584-3528**