


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90243 026 ****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**

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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

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

01042007 Chg-NP CR2E037 (12/06)

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 **M. Duggan Cooley**
 Street Address (P.O. Box Number is Not Acceptable)
1226 S. Missouri Ave., # 1004
 City **Clearwater** FL Zip Code **33756**

4. FEI Number
59-1309186

Applied For
 Not Applicable

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 M. Duggan Cooley, M. Duggan Cooley, CEO DATE 1/4/07
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, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	TD TRAUTWEIN, WILLIAM 1949 LOS LAMAS DR. CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKMAN, RON W 4019 WATERMAN AVE. WEST TAMPA, FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAGE, MARIE E 4303 TREMBLAY WAY PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIERS, CHARLES E 5 GATESHEAD #302 DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, STEPHEN O 925 BAY ESPLANADE CLEARWATER BEACH, FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Frank Murphy 623 Poinsettia Road Bellair, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M. Duggan Cooley 1226 S. Missouri Ave., #1004 Clearwater, FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Nancy Blanton 2373 Wind Gap Place-- Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D I. James Mitchell 38 Harbor Lake Circle Safety Harbor, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Stephen O. Cole 925 Bay Esplanade Clearwater Beach, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: M. Duggan Cooley, M. Duggan Cooley, CEO DATE 1/4/07 DAYTIME PHONE # 727-584-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR