

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90034 002 ****70.00

DOCUMENT # 723435

1. Entity Name
RELIGIOUS COMMUNITY SERVICES, INC.



Principal Place of Business
**1855 HIGHLAND AVE S
CLEARWATER FL 33756-1750
US**

Mailing Address
**1855 HIGHLAND AVE. S.
CLEARWATER FL 33756-1850**

90003343



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1309186	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)
4019 Waterman Avenue West

City **Tampa** FL Zip Code **33609**

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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	KURTZ, JOEL	
STREET ADDRESS	2049 HILLWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TRAUTWEIN, BILL	
STREET ADDRESS	1949 LOS LOMAS DR	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKMAN, RON W	
STREET ADDRESS	4104 W PLATT ST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLE, BECKY	
STREET ADDRESS	925 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	V	<input type="checkbox"/> Delete
NAME	STIERS, CHARLES E	
STREET ADDRESS	5 GATESHEAD #302	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4019 Waterman Avenue West	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V D	
STREET ADDRESS	Gage, Marie E.	
CITY-ST-ZIP	200 Turtle Creek Circle Oldsmar, FL 34677	

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: **RON DICKMAN** Executive Director 1-6-03 (727) 584-3528

CR2E037 (10/02)