

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 740982**

1. Entity Name  
**CHRISTIAN SERVICE CENTERS, INC.**



Principal Place of Business  
**4800 37TH ST. N.  
ST. PETERSBURG, FL 33714-2912**

Mailing Address  
**4800 37TH ST. N.  
ST. PETERSBURG, FL 33714-2912**



02212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**59-1796927**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OWENS, CLARENCE W  
10631 ROSEWOOD CT.N.  
PINELLAS PARK, FL 33782**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	OWENS, CLARENCE W
STREET ADDRESS	10631 ROSEWOOD CT.N.
CITY - ST - ZIP	PINELLAS PARK, FL
TITLE	VPD
NAME	SMITH, MARK
STREET ADDRESS	7630 46TH WAY NORTH
CITY - ST - ZIP	PINELLAS PARK, FL
TITLE	STD
NAME	OWENS, ELENORA W
STREET ADDRESS	10631 ROSEWOOD CT.N.
CITY - ST - ZIP	PINELLAS PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000250058  
03/03/05-80029-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

**SIGNATURE:** Mark C. Smith **Mark C. Smith** 2/28/05 (72) 525-7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #