

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
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**



02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI 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, 2008**

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, ELNORA 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	

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04/08/08-80028-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3/18/08

Date

(727) 525-7461

Daytime Phone #