2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 746744

Entity Name: CENTERS RESI-SERV, INC.

Current Principal Place of Business:

11115 N. NEBRASKA AVE.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

11115 N. NEBRASKA AVE.
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1906179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STONE, HARRIET
115 PHILLIPS DRIVE
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	ST	( ) Delete
Name:	ITIALIANO, JANE,	
Address:	409 PALOMA PLACE	
City-St-Zip:	TAMPA, FL 336798383 US	
Title:	D	( ) Delete
Name:	SCOTT, RHON JR.,	
Address:	19095 SO. TAYLOR RD.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	VP	( ) Delete
Name:	ARNOLD, LYNWOOD F	
Address:	2701 ROCKY POINT DR	
City-St-Zip:	TAMPA, FL 33607	
Title:	P	( ) Delete
Name:	STONE, HARRIET	
Address:	115 PHILLIPS DR.	
City-St-Zip:	SEFFNER, FL 33584	
Title:	D	( ) Delete
Name:	LOWE, RITA	
Address:	2403 S. ARDSON PL.	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET STONE PRES 01/13/2009

Electronic Signature of Signing Officer or Director — Date