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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State
03-30-2005 90030 028 ****61.25

DOCUMENT # F01000006066

1. Entity Name
STRATEGIC COMMUNITY SERVICES, INC.

40042175

Principal Place of Business	Mailing Address
7444 SW 14TH PLACE, N. LAUDERDALE, FL 33068	7444 SW 14TH PLACE, N. LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-1967014
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTON, JON
7444 SW 14TH PLACE
N. LAUDERDALE, FL 33068

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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	P
NAME	QUINTON, SYLVIA L
STREET ADDRESS	8829 GLENARDEN PKWY
CITY ST ZIP	GLENARDEN, MD
TITLE	V
NAME	WEDDERBURN, ANNETTE
STREET ADDRESS	7950 QUILL POINT DRIVE
CITY ST ZIP	BOWIE, MD
TITLE	S
NAME	QUINTON, JON
STREET ADDRESS	7444 SW 14TH PLACE DR.
CITY ST ZIP	N. LAUDERDALE, FL
TITLE	T
NAME	COOK, GAIL
STREET ADDRESS	2700 JASPER STREET
CITY ST ZIP	WASHINGTON, DC
TITLE	CD
NAME	PARKER, AVERETTE M
STREET ADDRESS	3645 VEAZEY STREET
CITY ST ZIP	WASHINGTON, DC
TITLE	VD
NAME	WILLIAMS, SONYA
STREET ADDRESS	9406 PINE VIEW LANE
CITY ST ZIP	CLINTON, MD

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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: Jon Quinton 3/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #