

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006066

FILED
Feb 02, 2007
Secretary of State

Entity Name: STRATEGIC COMMUNITY SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-1967014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTON, JON
7444 SW 14TH PLACE
N. LAUDERDALE, FL 33068 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: P () Delete
Name: QUINTON, SYLVIA L
Address: 8829 GLENARDEN PKWY
City-St-Zip: GLENARDEN, MD

Title: V () Delete
Name: WEDDERBURN, ANNETTE
Address: 7950 QUILL POINT DRIVE
City-St-Zip: BOWIE, MD

Title: S () Delete
Name: QUINTON, JON
Address: 7444 SW 14TH PLACE DR.
City-St-Zip: N. LAUDERDALE, FL

Title: T () Delete
Name: COOK, GAIL
Address: 2700 JASPER STREET
City-St-Zip: WASHINGTON, DC

Title: CD () Delete
Name: PARKER, AVERETTE M
Address: 3645 VEAZEY STREET
City-St-Zip: WASHINGTON, DC

Title: VD () Delete
Name: WILLIAMS, SONYA
Address: 9406 PINE VIEW LANE
City-St-Zip: CLINTON, MD

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
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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 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: JON QUINTON

_____ Electronic Signature of Signing Officer or Director

S

02/02/2007

_____ Date