

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90062 001 ***272.50

DOCUMENT # N00000004299

1. Entity Name

ECUMENICAL COMMUNITY SERVICE, INC.



Principal Place of Business

1840 W 49TH STREET
SUITE #100
HIALEAH FL 33012

Mailing Address

2038 NW 5TH PLACE
MIAMI FL 33127

66001372



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0520210

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINTYRE, VINCENT
16349 NW 57TH AVE
HIALEAH FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCINTYRE, VINCENT	
STREET ADDRESS	553 NE 75TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HESTER, BILLY T	
STREET ADDRESS	2343 NW 52ND ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCINTYRE, CONSTANCE	
STREET ADDRESS	16349 NW 57TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST CHARLES, JULES	
STREET ADDRESS	8310 NE 3RD AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an office like empowered.

SIGNATURE:

Vincent M. McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05 305-246-6654