


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001849
1. Entity Name
BTA COMMUNITY SERVICES INC.



Principal Place of Business
12551 SW 204 TERR.
MIAMI, FL 33177

Mailing Address
12551 SW 204 TERR.
MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE



07052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1090883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOORE, BRIDGET
12551 SW 204 TERRACE
MIAMI, FL 33177

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000768718
07/13/07-80010-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARD, WILLIAM 400 NW 214 STREET, UNIT 204 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, PORTIA 18720 SW 317 TERR HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST THOMAS, TERRI 12571 SW 204 TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: Terri K. Thomas Sullivan Date 7/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #