

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004126

Entity Name: COMMUNITY SERVICES INSTITUTE, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

5147 CARIBBEAN BLVD.
#1113
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 2464
WEST PALM BEACH, FL 33402

New Mailing Address:

PO BOX 222126
WEST PALM BEACH, FL 33417

FEI Number: 71-0886328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARY
5147 CARIBBEAN BLVD.
#1113
WEST PALM BEACH, FL 33407 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: PD () Delete
Name: WILLIAMS, MARY MRS.
Address: 5147 CARIBBEAN #1113
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: YOUNG, LORENZO
Address: 5147 CARIBBEAN #1113
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD () Delete
Name: CHRISTIAN, GERALD
Address: 5147 CARIBBEAN
City-St-Zip: WEST PALM BEACH, FL 33407

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARY WILLIAMS

PD

05/01/2004

Electronic Signature of Signing Officer or Director

Date