

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004126

FILED  
May 09, 2008  
Secretary of State

Entity Name: COMMUNITY SERVICES INSTITUTE, INC.

## Current Principal Place of Business:

4065 HAVERHILL RD. N.  
B3-319  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

4065 HAVERHILL RD. N.  
B3-319  
WEST PALM BEACH, FL 33417

## New Mailing Address:

FEI Number: 71-0886328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

WILLIAMS, MARY  
4065 HAVERHILL RD. N.  
B3-319  
WEST PALM BEACH, FL 33417 US

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: 4065 HAVERHILL RD. N      B3-319  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD ( ) Delete  
Name: ANNDRELL, MAXIE  
Address: 5813 BERMUDA CIRCLE WEST  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: SD ( ) Delete  
Name: CHRISTIAN, GERALD  
Address: 4864 4TH STREET .  
City-St-Zip: JUPITER, 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 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: MARY WILLIAMS

PD

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date