

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004081

1. Entity Name
INTERGRATED COMMUNITY SERVICES INC.



Principal Place of Business
801 NW 37TH TERR
GAINESVILLE, FL 32605

Mailing Address
801 NW 37TH TERR
GAINESVILLE, FL 32605



DO NOT WRITE IN THIS SPACE

09072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
01-0666643

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYD, BOBBY
801 NW 37TH TERR
GAINESVILLE, FL 32605

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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

9/7/04

Filing Fee is \$81.25
Due by September 8, 2004

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

000000171810

09/08/04-80006-020 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME BOYD, BOBBY
STREET ADDRESS 801 NW 37TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE VP
NAME WALLACE, RAQUAL V
STREET ADDRESS 801 NW 37TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE AD
NAME EDWARDS, L. TONYA
STREET ADDRESS 2504 NW 39TH AVENUE
CITY-ST-ZIP EVINSTON, FL 32633

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

9/7/04