

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000758

FILED
Apr 24, 2007
Secretary of State

Entity Name: HOME AND COMMUNITY SERVICES INC.

Current Principal Place of Business:

25547 SW 20TH PLACE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 115
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 32-0058208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, KIMBERLY
25547 SW 20TH PLACE
NEWBERRY, FL 32669 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: D () Delete
Name: VANCE, CARA
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: BAZIN, KATHY
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: TAYLOR, KIMBERLY
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: DAVIS, JAMES
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEPOLLO, SANDRA L
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Change () Addition
Name: KELLETT, LOTHIAN S
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

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 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: KIMBERLEY A. TAYLOR

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04/24/2007

Electronic Signature of Signing Officer or Director

Date