

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003260

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: CENTRAL ORGANIZATION FOR COMMUNITY SERVICES, INC

**Current Principal Place of Business:**

4303 FAWN CIRCLE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

4303 FAWN CIRCLE  
TAMPA, FL 33610

**New Mailing Address:**

FEI Number: 57-1162119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PARDIEU, FRANCOIS  
4303 FAWN CIRCLE  
TAMPA, FL 33610 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: AD ( ) Delete  
Name: PARDIEU, FRANCOIS  
Address: 4303 FAWN CIRCLE  
City-St-Zip: TAMPA, FL 33610

Title: DS ( ) Delete  
Name: SIMMONS, YOLANDA  
Address: 16808 HAMMERRIDGE PLACE  
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete  
Name: O'CONNELL, ROBERT R ASST  
Address: 12001 PEONY COURT  
City-St-Zip: TAMPA, FL 33635 AS

Title: S ( ) Delete  
Name: LUBIN, JEAN FIN  
Address: 7841 SYNCAMORE DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

**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:

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: FRANCOIS PARDIEU

AD

04/18/2009

Electronic Signature of Signing Officer or Director

Date