

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009419

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: EXODUS COMMUNITY SERVICES, INC.

## Current Principal Place of Business:

100 SW 117TH TERRACE #306  
PEMBROKE PINES, FL 33025 US

## New Principal Place of Business:

100 SW 117TH TERRACE  
#306  
PEMBROKE PINES, FL 33025 US

## Current Mailing Address:

100 SW 117TH TERRACE #306  
PEMBROKE PINES, FL 33025 US

## New Mailing Address:

100 SW 117TH TERRACE  
#306  
PEMBROKE PINES, FL 33025 US

FEI Number: 86-1109347      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:

BLACKMAN, PATRICIA  
100 SW 117TH TERRACE #306  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

BLACKMAN, PATRICIA  
100 SW 117TH TERRACE  
#306  
PEMBROKE PINES, FL 33025 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: PATRICIA BLACKMAN

07/08/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BLACKMAN, PATRICIA  
Address: 100 SW 117TH TERRACE #306  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D ( ) Delete  
Name: WILLIAMS, ANNA  
Address: 100 SW 117TH TERRACE #306  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: D ( ) Delete  
Name: BUTLER, JENNIFER  
Address: 100 SW 117TH TERRACE #306  
City-St-Zip: PEMBROKE PINES, FL 33025 US

## 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: PATRICIA BLACKMAN

D

07/08/2009

Electronic Signature of Signing Officer or Director

Date