

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90136 021 \*\*\*\*90.00

**DOCUMENT # N05000009416**

1. Entity Name

AMERICAN SOCIETY OF COMMUNITY SERVICES, INC.



Principal Place of Business

130 S. MONROE AVE.  
ARCADIA FL 34266

Mailing Address

130 S. MONROE AVE.  
ARCADIA FL 34266

2. Principal Place of Business

4816 N.W. County Rd. 661  
Suite, Apt. #, etc.  
Arcadia, FL

3. Mailing Address

P.O. Box 2996  
Suite, Apt. #, etc.  
Arcadia

City & State

City & State

Arcadia

Zip  
34266

Country  
De Soto

Zip  
Fl. 34266

Country  
De Soto

1st MOORE

CR2E037 (10/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TURNER, NANCY E.  
130 S. MONROE AVE.  
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name Jacqueline W. Tucker  
Street Address (P.O. Box Number is Not Acceptable)  
4816 N.W. County Rd. 661  
Arcadia, FL  
City FL Zip Code 34266

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 Jacqueline W. Tucker, President 3-16-06  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, NANCY E.	
STREET ADDRESS	1278 SE LAKE RD.	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANTHONY, PATRICIA W.	
STREET ADDRESS	5400 RIVERSIDE DR., STE. 3437	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	D.	<input type="checkbox"/> Delete
NAME	TUCKER, JACQUELINE W.	
STREET ADDRESS	4816 NW COUNTY RD. 661	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jacqueline W. Tucker 3-16-06 863-993-0083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #