

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004382

FILED
Apr 10, 2008
Secretary of State

Entity Name: COMMUNITY SERVICE CENTER FOUNDATION, INC.

Current Principal Place of Business:

621 WILKES AVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

621 WILKES AVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 20-4837019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATES, LEE
621 WILKES AVE
ORLANDO, FL 32809 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: P () Delete
Name: PATES, LEE
Address: 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: COO () Delete
Name: MANN, PAMELA
Address: 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: MACDIARMID, MALCOLM
Address: 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: SD () Delete
Name: MAINGUTH, GREG
Address: 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: TEDDER, MELINDA
Address: 621 WILKES AVE
City-St-Zip: ORLANDO, FL 32809

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:

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: LEE PATES

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date