

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004382

FILED  
Apr 14, 2009  
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:**

621 WILKS AVE  
ORLANDO, FL 32809

**Current Mailing Address:**

621 WILKES AVE  
ORLANDO, FL 32809

**New Mailing Address:**

621 WILKS AVE  
ORLANDO, FL 32809

**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:**

PATES, LEE  
621 WILKS AVE  
ORLANDO, FL 32809 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: \_\_\_\_\_

04/14/2009

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PATES, LEE  
Address: 621 WILKS AVE  
City-St-Zip: ORLANDO, FL 32809

Title: SD (X) Change ( ) Addition  
Name: MAINGUTH, GREG  
Address: 621 WILKS AVE  
City-St-Zip: ORLANDO, FL 32809

Title: D (X) Change ( ) Addition  
Name: TEDDER, MELINDA  
Address: 621 WILKS AVE  
City-St-Zip: ORLANDO, FL 32809

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date