

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-20-2007 90082 009 ****61.25

N06000007967

FILED

07 MAY 10 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000007967			
1. Entity Name COMMUNITY HOUSE SERVICES, INC.			
Principal Place of Business 3204B 40TH WAY SOUTH ST. PETERSBURG, FL 33711		Mailing Address 3204B 40TH WAY SOUTH ST. PETERSBURG, FL 33711	
2. Principal Place of Business - No P.O. Box # 1011-16th Ave. South		3. Mailing Address Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33705		Country USA	
4. FEI Number 68-0634481		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCOY, LILLIE T 3204B 40TH WAY SOUTH ST. PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		Exe. Director Lillie McCoy 3204B-40th Way S. - St. Pete. FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
		FINANCIAL OFFICER John K. Taylor 11938-ARBOR LAKE DR. - JACKSONVILLE FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Lillie T. McCoy		Date: 4-18-07 (727) 823-5138	