

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008818

FILED
Feb 25, 2009
Secretary of State

Entity Name: PAGE PARK COMMUNITY SERVICES, INC.

Current Principal Place of Business:

507 CENTER ROAD
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

106 3RD ST
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-5330408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, LEE
106 3RD STREET
FORT MYERS, FL 33907 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: ROCHE, SEYMOUR
Address: 106 2ND STREET
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: SIBLEY, JOHN
Address: 108 CENTER ROAD
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: COLEMAN, LEO
Address: 114 3RD STREET
City-St-Zip: FORT MYERS, FL 33907

Title: S () Delete
Name: COLEMAN, LEE
Address: 106 3RD STREET
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: SOWA, ROSEMARY
Address: 107 1ST STREET
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: KELLNER, ELIZABETH
Address: 108 CENTER ROAD
City-St-Zip: FORT MYERS, FL 33907

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:

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 R COLEMAN

OFFI

02/25/2009

Electronic Signature of Signing Officer or Director

Date