

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009155

FILED
May 06, 2009
Secretary of State

Entity Name: PRO SE COMMUNITY SERVICES INC.

Current Principal Place of Business:

4321 HOLLAND DRIVE
ST PETERSBURG, FL 33706

New Principal Place of Business:

Current Mailing Address:

4321 HOLLAND DRIVE
ST PETERSBURG, FL 33706

New Mailing Address:

FEI Number: 75-3258802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOP, KAREN LCSW
4321 HOLLAND DRIVE
ST PETERSBURG, FL 33706 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: KNOP, KAREN LCSW
Address: 4321 HOLLAND DRIVE
City-St-Zip: ST PETERSBURG, FL 33706

Title: T () Delete
Name: KNOP, MAREK
Address: 4321 HOLLAND DRIVE
City-St-Zip: ST PETERSBURG, FL 33706

Title: S () Delete
Name: MARKS, DEBORAH BSW
Address: 9 SIFTON COURT NORTH YORK
City-St-Zip: ONTARIO M2K 1L9 CANADA,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HERSHMAN, SUSAN
Address: 7309 COQUINA WAY
City-St-Zip: ST PETE BEACH, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MEMB () Change (X) Addition
Name: CONKLE, DAVID
Address: 3010 EGRET TERRACE
City-St-Zip: SAFETY HARBOR, FL 33762

Title: MEMB () Change (X) Addition
Name: KNOP, MAREK L
Address: 4321 HOLLAND DRIVE
City-St-Zip: ST PETE BEACH, FL 33706

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: KAREN KNOP LCSW

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

Date