SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SEC... TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N13089 (0)

1. Corporation Name

PALM HARBOR COMMUNITY SERVICES AGENCY, INC.

Principal Place of Business	Mailing Address
C/O DENNIS R.LONG 31608 US HWY 19 N PALM HARBOR FL 34684	C/O DENNIS R.LONG 31608 US HWY 19 N PALM HARBOR FL 34684

3. Date Incorporated or Qualified: 01/21/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2720211 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LONG, DENNIS R.
31608 US HWY 19 N
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	DOWNES, JOHN	1.2 NAME	Downes, John	
STREET ADDRESS	803 SPARROW AVENUE	1.3 STREET ADDRESS	803 Sparrow Avenue	
CITY-ST-ZIP	PALM HARBOUR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	DC	2.1 TITLE		☐ Change ☐ Addition
NAME	PUTNAM, STEVE	2.2 NAME		
STREET ADDRESS	5 LINDEN LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANDON, DAVID	3.2 NAME		
STREET ADDRESS	4013 EAGLE COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	D/V	☒ Change ☐ Addition
NAME	OLMSTEAD, HELENE M.	4.2 NAME	Olmstead, Helene M.	
STREET ADDRESS	2250-B SHELLY DRIVE	4.3 STREET ADDRESS	2250-B Shelly Drive	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ROARKE, TRENT	5.2 NAME		
STREET ADDRESS	P. O. BOX 5000 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MALOUF, JEANNETTE	6.2 NAME	Fay, Shirley	
STREET ADDRESS	700 DELAWARE AVE.	6.3 STREET ADDRESS	1116 Ridge Drive	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	Palm Harbor, FL 34683	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helene M Olmstead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

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