

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 26 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified **01/21/1986** 3a. Date of Last Report **08/03/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	SDT ☐ DELETE	1.1 TITLE	DV ☐ Change ☒ Addition
NAME	DOWNES, JOHN	1.2 NAME	Mary Ann Smith
STREET ADDRESS	803 SPARROW AVENUE	1.3 STREET ADDRESS	1200 Virginia Avenue
CITY-ST-ZIP	PALM HARBOUR FL	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	DC ☐ DELETE	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 ☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	BRANDON, DAVID	3.2 NAME	Rodney S. Fischer
STREET ADDRESS	4013 EAGLE COURT	3.3 STREET ADDRESS	30031 U.S. Highway 19 N.
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLMSTEAD, HELENE M.	4.2 NAME	
STREET ADDRESS	2250-B SHELLY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	DV ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	ROARKE, TRENT	5.2 NAME	Dave Knellinger
STREET ADDRESS	P. O. BOX 5000 N/A	5.3 STREET ADDRESS	1970 Bee Pond Road
CITY-ST-ZIP	TARPOON SPRINGS FL	5.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	D ☐ DELETE	6.1 TITLE	DV ☒ Change ☐ Addition
NAME	FAY, SHIRLEY	6.2 NAME	
STREET ADDRESS	1116 RIDGE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

Daytime Phone #

CR2E037 (12/95)