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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13089

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 01/21/1986

4. FEI Number: 59-2720211 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	DOWNES, JOHN		1.2 NAME	Fredric S. Zinober	
STREET ADDRESS	803 SPARROW AVENUE		1.3 STREET ADDRESS	2655 McCormick Drive	
CITY-ST-ZIP	PALM HARBOUR FL		1.4 CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	DC	☐ DELETE	2.1 TITLE	DVC	☐ Change ☒ Addition
NAME	PUTNAM, STEVE		2.2 NAME	Joe Collins	
STREET ADDRESS	5 LINDEN LANE		2.3 STREET ADDRESS	583 Belted Kingfisher Drive N-	
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FISCHER, RODNEY S		3.2 NAME	Thelma Weakland	
STREET ADDRESS	1970 BEE HWY 19 N		3.3 STREET ADDRESS	337 Myrtle Avenue	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	DVC	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, MARY ANN		4.2 NAME	Mike Smith	
STREET ADDRESS	1200 VIRGINIA AVENUE		4.3 STREET ADDRESS	2197 Brent Place	
CITY-ST-ZIP	PALM HARBOR FL 34683		4.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	DS	☐ DELETE	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	KNELLINGER, DAVE		5.2 NAME		
STREET ADDRESS	1970 BEE POND RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	FAY, SHIRLEY		6.2 NAME	Glenn Morris	
STREET ADDRESS	1116 RIDGE DRIVE		6.3 STREET ADDRESS	2100 Alt 19	
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP	Palm Harbor, FL 34683	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/10/99 727 784-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #