2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13089

FILED Mar 09, 2007 Secretary of State

Entity Name: PALM HARBOR COMMUNITY SERVICES AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business: 2330 NEBRASKA AVENUE PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** 1500 16TH STREET PALM HARBOR, FL 34683 FEI Number: 59-2720211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHANNON HATCHER 1500 16TH STREET PALM HARBOR, FL 34683 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAGLIARDO, BENJAMIN J MYERS, JOHN Name: Name: 660 SANDY HOOK ROAD Address: 1153 GILLESPIE DRIVE N Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: (X) Change () Addition KLEYMAN, JAMES Name: VALK, DREW Name: Address: 1473 INDIAN TRAILS SOUTH Address: 4219 LAKE AVENUE City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34684 Title: Title: (X) Change () Addition () Delete VALK, DREW SMIRLIS, MARGUERITE Name: Name: 4219 LAKE AVENUE Address: Address: 28870 US HWY 19 N City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: CLEARWATER, FL 33761 () Change () Addition Title: DS () Delete Title: Name: OLIVERI, MADELINE Name: Address: 1261 GILLESPIE DRIVE N. Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: () Delete Title: () Change () Addition DOWNES, JOHN Name: Name: 803 SPARROW AVENUE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMITH, MIKE MEYERS, JOHN Name: Name: Address: 1153 GILLESPIE DRIVE N Address: 2197 BRENT PLACE PALM HARBOR, FL 34684 PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MYERS DC 03/09/2007