

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

DOCUMENT # N45984 (4)
1. Corporation Name
PALM COAST COMMUNITY SERVICE CORPORATION



Principal Place of Business
**4982 PALM COAST PKWY NW #7C
PALM COAST FL 32137-3617**

Mailing Address
**4982 PALM COAST PKWY NW #7C
PALM COAST FL 32137-3617**

3. Date Incorporated or Qualified
11/13/1991

3a. Date of Last Report
01/30/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3095595		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

**MODEN, JOHN C
14 OFFICE PARK DRIVE - STE 4
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

81. Name **Same**
82. Street Address (P.O. Box Number is Not Acceptable)
4982 Palm Coast Pkwy NW Ste 7C
83. City
Palm Coast
84. State **FL** Zip Code **32137**

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

John C. Moden
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1-26-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO, NICOLAS	12 NAME	
STREET ADDRESS	62 FLEMING CT.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, THOMASQ	22 NAME	
STREET ADDRESS	21 CEDARFIELD CT	23 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINFELDER, FRED	32 NAME	
STREET ADDRESS	87 WESTCHESTER LANE	33 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, EUGENE	42 NAME	
STREET ADDRESS	51 WEBER LANE	43 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLARD, WILLIAM	52 NAME	
STREET ADDRESS	30 CASPER DR	53 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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

1-23-96
Date

904
445-5528
Daytime Phone #

CR2E037 (12/95)