

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 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 02/01/1996
4. FEI Number 59-3095595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent MODEN, JOHN C 4982 PALM COAST PKWY NW SUITE 7C PALM COAST FL 32137	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARO, NICOLAS	1.2 NAME	
STREET ADDRESS	62 FLEMING CT.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, THOMASQ	2.2 NAME	
STREET ADDRESS	21 CEDARFIELD CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	2.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINFELDER, FRED	3.2 NAME	
STREET ADDRESS	87 WESTCHESTER LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Secretary / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, EUGENE	4.2 NAME	
STREET ADDRESS	51 WEBER LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLARD, WILLIAM	5.2 NAME	
STREET ADDRESS	30 CASPER DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Donald A. Green D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bank	6.2 NAME	26 Cheyenne Court
STREET ADDRESS		6.3 STREET ADDRESS	Palm Coast FL 32137
CITY - ST - ZIP		6.4 CITY - ST - ZIP	VB 224

14. I do 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.

SIGNATURE: _____ DATE: **1/10/97**

CR2E037 (9/96)