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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N45984

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/13/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3095595 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 **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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, THOMAS Q		2.2 NAME	
STREET ADDRESS	21 CEDARFIELD CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	Secretary/Treasurer ☒ Change ☐ Addition
NAME	MARPLE, JR R		3.2 NAME	Robert R. Marple, Jr
STREET ADDRESS	3 BOXWOOD LN		3.3 STREET ADDRESS	3 Boxwood Lane
CITY-ST-ZIP	PALM COAST FL 32137		3.4 CITY-ST-ZIP	Palm Coast FL 32137
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, MARGARET P		4.2 NAME	
STREET ADDRESS	192 BEACHWOOD LN		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137		4.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	5.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	GREEN, DONALD A.		5.2 NAME	Donald A. Green
STREET ADDRESS	26 CHEYENNE CT		5.3 STREET ADDRESS	26 Cheyenne Court
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP	Palm Coast FL 32137
TITLE		☐ DELETE	6.1 TITLE	David R. Root, Director ☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	14 Fern Court
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Palm Coast FL 32137

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 1-18-99 904-445-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nicolas Amaro, President