## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N45984** 

## FILED Jan 27, 2005 8:00 am Secretary of State

01-27-2005 90045 027 \*\*\*\*61.25

PALM CO	ÖAST CO	MMUNITY SERV	VICE COF	RPORATION								
Principal Place of Business 4982 PALM COAST PKWY NW #7C PALM COAST, FL 32137-3617			4982	Mailing Address 4982 PALM COAST PKWY NW #7C PALM COAST, FL 32137-3617							BIBM QIGU BIBM A	Name :
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apr. #, etc.			Sui	Suite, Apt. #, etc.				01122005	Chg-NP	CR2E	037 (10/03)	,
Cily & State			Cir	City & State				4. FEI Numbe 59-309			<del></del>	Applied For Not Applicable
Zip	Country					ıntry		l	of Status Desired		\$8.75 A Fee Requi	
	6. Name	and Address of Curre	ent Registere	d Agent				7. Name and	Address of Nev	v Registere	d Agent	*******
MODEN	IOHN C					Name						
MODEN, JOHN C 4982 PALM COAST PKWY NW SUITE 7C PALM COAST, FL 32137						Street Address (P.O. Box Number is Not Acceptable)						
						City				F	Zip Co	ode
	named entit	y submits this statemen tered agent.	it for the purpo	ose of changing its r	egistere	ed office o	r register	ed agent, or bot	h, in the State of	Florida, 1 ar	n familiar witl	h, and accept
SIGNATURE		• "	-	-						· · · -		
	Signature, typed	tor printed name of registered ag	geni and litie i app	icable. (NOTE:	Hechalore	O AGANI RIGINAL	ture required	when reinstating)		DATE		
	_	e is \$61.25 May 1, 2005		9. Election Cam Trust Fund Co	paign F	inancing		\$5.00 May B Added to Fees	e Fi	Make che	ck payable artment of	
10.	_		DIRECTORS	9. Election Cam	paign F	inancing	0	\$5.00 May B Added to Fees	e FI	Make che lorida Dep	artment of	State
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12. Thereby 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 report or supplemental 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 traster empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05

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