

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45984

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: PALM COAST COMMUNITY SERVICE CORPORATION

## Current Principal Place of Business:

4982 PALM COAST PKWY NW #7C  
PALM COAST, FL 321373617

## New Principal Place of Business:

C/O CITY OF PALM COAST  
2 COMMERCE BLVD  
PALM COAST, FL 32164

## Current Mailing Address:

4982 PALM COAST PKWY NW #7C  
PALM COAST, FL 321373617

## New Mailing Address:

C/O CITY OF PALM COAST  
2 COMMERCE BLVD  
PALM COAST, FL 32164

FEI Number: 59-3095595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MODEN, JOHN C  
4982 PALM COAST PKWY NW SUITE 7C  
PALM COAST, FL 32137 US

## Name and Address of New Registered Agent:

MODEN, JOHN C  
C/O CITY OF PALM COAST  
2 COMMERCE BLVD  
PALM COAST, FL 32164 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:

04/21/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MEEKER, FRANK J  
Address: 41 COCHISE CT.  
City-St-Zip: PALM COAST, FL 32137

Title: D ( ) Delete  
Name: SPURLOCK, BARNEY O  
Address: 14 CHERRYTREE CT.  
City-St-Zip: PALM COAST, FL 32137

Title: ST ( ) Delete  
Name: MARPLE, ROBERT K JR  
Address: 3 BOXWOOD LN  
City-St-Zip: PALM COAST, FL 32137

Title: P ( ) Delete  
Name: JONES, STEVEN E  
Address: 11 FRONTIER DR.  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: SALIBURY, JOHN W  
Address: 84 COCHISE COURT  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: STEVEN E JONES

P

04/21/2006

Electronic Signature of Signing Officer or Director

Date