2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45984

1. Entity Name

PALM COAST COMMUNITY SERVICE CORPORATION



FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90124 022 ****61.25

			OF WEIGH				
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		1 14471101 011 07001	. Okum rojar roku diği diğik bi	85) 818Y1 81 8 (1 8 11	Ur 8 1811 1881
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3095595 Applied Fo		oplied For	
Zip,	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
•	6. Name and Address of Currer	it Registered Agent	ered Agent		7. Name and Address of New Registered Agent		
			Name	Name The Additional Control of the C			
MODEN, JOHN C 4982 PALM COAST PKWY NW SUITE 7C PALM COAST FL 32137			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PALM CC	JAS1 FL 32137		City		FI	Zip Cod	e
0 The element		facilities and the second				<u> </u>	
	e named entity submits this statement tions of registered agent.	for the purpose of changing if	s registered office or regist	tered agent, or both, in th	ie State of Fibrida. Tarr	n ramiliar with,	and accept
and doinge	abile of registered agent.						i
01011171107							•
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	TE: Registered Agent signature requi	ired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contribution				\$5.00 May Be Added to Fees	Make Chec Florida Depa		
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND D	IRECTORS IN	l 10
TITLE	D	☐ Delete	TITLE			☐ Change	Addition
NAME	MEEKER, FRANK J		NAME			Ontaining or	
STREET ADDRESS	41 COCHISE CT.		STREET ADDRESS				
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				ľ
TITLE	P	☐ Delete	TITLE			☐ Change	Addition
NAME	SPURLOCK, BARNEY O	☐ Delete	NAME			☐ Cliange	C Addition
STREET ADDRESS	14 CHERRYTREE CT.		STREET ADDRESS				
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				Y
	ST					* - 🗔 - 🗸	
TITLE	MARPLE, ROBERT K JR	Delete -	TITLE "" "			Change	Addition
NAME PERCET ADDRESS	3 BOXWOOD LN		NAME STREET ADDRESS				i
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
·	PALM COAST FL 32137		GITT-ST-ZIF				
TITLE	D ONES STEPEN E	☐ Delete	TITLE			Change	Addition Addition
NAME	JONES, STEVEN E		NAME				
STREET ADDRESS	11 FRONTIER DR.		STREET ADDRESS				ľ
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				{
TITLE	D	☐ Delete	TITLE		• 1	Change	Addition (
NAME	LYNNETTE, CALLENDER E		NAME				{
STREET ADDRESS	21 CEDARVIEW CT		STREET ADDRESS				1
CITY-ST-ZIP	PALM COAST FL 32137		CITY-ST-ZIP				, <u></u>
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				(
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
12. Í hereby d	certify that the information supplied wi	th this filing does not qualify for	or the exemption stated in S	Section 119.07(3)(i), Flori	da Statutes. I further ce	ertify that the in	nformation

reference that the information supplied with tristlining does not qualify for the exampling stated in Section 119.07(3)(i), Florida Statutes, Fluriner certify that I am an officer or director 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 of trustee empowered to execute this report as equired 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 impowered.

SIGNATURE:

01-17-03 (386)