


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90045 009 \*\*\*\*61.25

<b>DOCUMENT # N49893</b>					
1. Entity Name <b>PALATKA CHRISTIAN SERVICE CENTER, INC.</b>					
Principal Place of Business <b>3218 CRILL AVENUE PALATKA FL 32177 US</b>			Mailing Address <b>PO BOX 2465 PALATKA FL 32178-2465 US</b>		
2. Principal Place of Business <b>3 218 Crill Avenue</b>			3. Mailing Address <b>P. O. Box 2465</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Palatka, Florida</b>		City & State <b>Florida(Palatka)</b>		4. FEI Number <b>59-3132718</b>	
Zip <b>32177</b>		Country <b>Putnam</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAVIS, DON R 3704 CRILL AVE. PALATKA FL 32177</b>			7. Name and Address of New Registered Agent Name <b>Gerald Ragans D</b> Street Address (P.O. Box Number is Not Acceptable) <b>3502 Kennedy Street</b> City <b>Palatka FL</b> Zip Code <b>32177</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Gerald D Ragans</i></u> DATE <u>3-15-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILES, JOHN M 125 PEEPLES LN. PALATKA FL 32177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rev. Ted Rodda 2010 Maplewood Drive Palatka, Fl. 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOWLER, MARK SR 106 JACKSON CIRCLE PALATKA FL 32177 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aldon C. Adams 255 Silver Lake Drive Palatka, Florida 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, HENRY 331 FRAN LN SATSUMA FL 32189 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phil Lielasus 7300 Crill Ave. #57 Palatka, Florida 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, SOPHIA 6727 CRILL AVE. PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sherry Ruszkowski 715 Moseley Avenue Palatka, Fl. 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPPETT, BENTON 125 CYPRESS DRIVE PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Antionette Willis 6002 5th Manor East Palatka, Fl. 32177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VC STRICKLAND, TOM 123 MELLON RD. PALATKA FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. 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 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 trustee 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:**

*Gerald D Ragans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #