
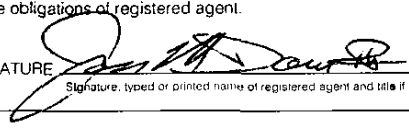
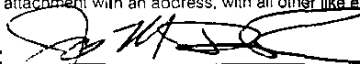


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90097 007 \*\*\*\*61.25

<b>DOCUMENT # N49893</b> 1. Entity Name PALATKA CHRISTIAN SERVICE CENTER, INC.					
Principal Place of Business 3218 CRILL AVENUE PALATKA, FL 32177 US			Mailing Address PO BOX 2465 PALATKA, FL 32178-2465 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3132718	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  RAGANS, GERALD D 3502 KENNEDY STREET PALATKA, FL 32177			7. Name and Address of New Registered Agent Name <b>Jim Dorn</b> Street Address (P.O. Box Number is Not Acceptable) <b>2405 Fairway Drive</b> City <b>Palatka</b> FL 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 		Jim Dorn, President PCSC Board		March 6, 2007	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSZKOWSKI, SHERRY 715 MOSELEY AVE PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bill Williams 413 Melrose Avenue Green Cove Springs, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ALDON C 255 SILVER LAKE DRIVE PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V Wesley Taylor 1202 Kirby Street Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T LIELASUS, PHIL 7300 CRILL AVE. \$57 PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORN, JIM 2405 FAIRWAY DR PALATKA, FL 32177	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BILL 155 COUNTY RD 309C PALATKA, FL 32177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C STRICKLAND, TOM 123 MELLON RD. PALATKA, FL 32177	<input checked="" 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 exemptions contained 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 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: 		Jim Dorn		March 6, 2007 386-328-1474	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	