

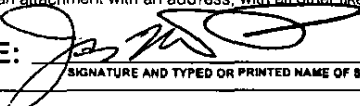


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90213 046 \*\*\*\*61.25

<b>DOCUMENT # N49893</b> 1. Entity Name <b>PALATKA CHRISTIAN SERVICE CENTER, INC.</b>					
Principal Place of Business <b>3218 CRILL AVENUE</b> <b>PALATKA, FL 32177--US</b>			Mailing Address <b>PO BOX 2465</b> <b>PALATKA, FL 32178-2465 US</b>		
2. Principal Place of Business - No P.O. Box # <b>820 Reid Street</b>		3. Mailing Address  			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palatka, FL</b>		City & State  			
Zip <b>32177</b>		Zip  			
Country <b>US</b>		Country  		4. FEI Number <b>59-3132718</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DORN, JIM</b> <b>2405 FAIRWAY DRIVE</b> <b>PALATKA, FL 32177</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>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	SD WILLIAMS, BILL 413 MELROSE AVENUE GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gary Getchell 100 Herja Acre Lane Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV TAYLOR, WESLEY 1202 KIRBY STREET PALATKA, FL 32177		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D LIELASUS, PHIL 7300 CRILL AVE. \$57 PALATKA, FL 32177		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC DORN, JIM 2405 FAIRWAY DR PALATKA, FL 32177		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> 		<b>James Dorn, Chairman</b>		<b>02/27/08 386-328-1474</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	