

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001432

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: COMMUNITY HELP SERVICES, INC.

## Current Principal Place of Business:

1848 N. HIGHLAND AVE.  
CLEARWATER, FL 33755

## New Principal Place of Business:

## Current Mailing Address:

1848 N. HIGHLAND AVE.  
CLEARWATER, FL 33755

## New Mailing Address:

FEI Number: 59-3177109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIELDS, SCOTT T  
1959 ATLANTIS DR.  
CLEARWATER, FL 34623 US

## Name and Address of New Registered Agent:

SHIELDS, SCOTT T  
1959 ATLANTIS DR.  
CLEARWATER, FL 33763 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:

04/30/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHIELDS, SCOTT  
Address: 1959 ATLANTIS DRIVE  
City-St-Zip: CLEARWATER, FL

Title: DVP ( ) Delete  
Name: SHIELDS, WILLIAM  
Address: 1893 PALM DR.  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: JOHNSON, DANIEL  
Address: 31950 U.W. HWY. 19 N.  
City-St-Zip: PALM HARBOR, FL

Title: D ( ) Delete  
Name: HORBOTOWICZ, WALTER  
Address: 314 MAYWOOD AVENUE  
City-St-Zip: CLEARWATER, FL 33765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SHIELDS, SCOTT  
Address: 1959 ATLANTIS DRIVE  
City-St-Zip: CLEARWATER, FL 33763

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 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 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: SCOTT T. SHIELDS

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date