2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2009
Secretary of State

DOCUMENT# N93000001432

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: DVP ( ) Delete
Name: SHIELDS, WILLIAM
Address: 1893 PALM DR.
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Delete
Name: JOHNSON, DANIEL
Address: 31950 U.W. HWY. 19 N.
City-St-Zip: PALM HARBOR, FL 34684

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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 06/12/2009
Electronic Signature of Signing Officer or Director — Date