2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jun 26, 2006 08:00 AN DOCUMENT # N93000002705 **Secretary of State** VOLUNTEER & COMMUNITY SERVICES, INC. Principal Place of Business Mailing Address 704 IROOUOIS ST P O BOX 732 JUPITER, FL 33458 JUPITER, FL 33468 US 06212006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0429647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, VIOLA DO NOT WRITE 3600 LAKE SHORE DR RIVIERA BEACH, FL 33404 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filling Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE D NAME BRABHAM, MARY STREET ADDRESS **401 OAK TERRACE** 000000567652 06/26/06-80005-012 61.25 CITY-ST-ZIP JUPITER, FL TITLE NAME GIBSON, PEPPER STREET ADDRESS 704 IROQUOIS ST. CITY-ST-ZIP JUPITER, FL TITLE NAME MOLINA, MATILDE STREET ADDRESS 701 FRANKLIN ROAD DO NOT WRITE CITY-ST-ZIP WEST PALM BEACH, FL IN THIS SPACE TITLE NAME MARTINEZ, VIOLA STREET ADDRESS 3600 LAKE SHORE DR. CITY-ST-ZIP RIVIERA BEACH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED ON PRINTED HAVE OF BIGHING OFFICER OR DIRECTOR

0-20-86 Date Daytime Phone #

FILED