

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002705

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** VOLUNTEER & COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

1261 10TH ST  
LAKE PARK, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 732  
JUPITER, FL 33468 US

**New Mailing Address:**

**FEI Number:** 65-0429647

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, VIOLA  
717 HAWTHORE  
LAKE PARK, FL 33403 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: D ( ) Delete  
Name: BRABHAM, MARY  
Address: 401 OAK TERRACE  
City-St-Zip: JUPITER, FL

Title: D ( ) Delete  
Name: GIBSON, PEPPER  
Address: 704 IROQUOIS ST.  
City-St-Zip: JUPITER, FL

Title: D ( ) Delete  
Name: MOLINA, MATILDE  
Address: 701 FRANKLIN ROAD  
City-St-Zip: WEST PALM BEACH, FL

Title: D ( ) Delete  
Name: MARTINEZ, VIOLA  
Address: 717 HAWTHORE  
City-St-Zip: LAKE PARK, FL 33403

**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:** MARY BRABHAM

DIR

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date