

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

06-12-2003 90007 022 \*\*\*\*61.25

0081459

**DOCUMENT # N93000002705**

1. Entity Name

**VOLUNTEER & COMMUNITY SERVICES, INC.**



Principal Place of Business

**704 IROQUOIS ST  
JUPITER FL 33458  
US**

Mailing Address

**P O BOX 732  
JUPITER FL 33468  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0429647**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARTINEZ, VIOLA  
3600 LAKE SHORE DR  
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Mary Brabham*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-25-03*

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>	<b>BRABHAM, MARY</b>	<b>401 OAK TERRACE</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>GIBSON, PEPPER</b>	<b>704 IROQUOIS ST.</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>MOLINA, MATILDE</b>	<b>701 FRANKLIN ROAD</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>MARTINEZ, VIOLA</b>	<b>3600 LAKE SHORE DR.</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
			<b>RIVIERA BEACH FL</b>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*MARY BRABHAM*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone #

*5-25-03*

CR2E037 (10/02)