

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000003896

1. Entity Name
DIVERSIFIED CHRISTIAN SERVICES, INC.



Principal Place of Business

**POST OFFICE BOX 3161
TEQUESTA, FL 33469**

Mailing Address

**POST OFFICE BOX 3161
TEQUESTA, FL 33469**



01232004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0826444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANTWILL, DAVID A
6 CONCOURSE DRIVE
TEQUESTA, FL 33469**

**DO NOT WRITE
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 signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MANTWILL, DAVID A
STREET ADDRESS	6 CONCOURSE DRIVE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VPSD
NAME	MANTWILL, PAULINE T
STREET ADDRESS	6 CONCOURSE DRIVE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D
NAME	MANTWILL, PAUL C
STREET ADDRESS	15 SPLITRAIL CIRCLE
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Pauline Mantwill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/04
Date

561.746.0170
Daytime Phone #