## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # N9700003896  1. Entity Name DIVERSIFIED CHRISTIAN SERVICES, INC.							7 90221 027 *		25	
Principal Place of Business POST OFFICE BOX 3161 TEQUESTA, FL 33469		POST	Mailing Address POST OFFICE BOX 3161 TEQUESTA, FL 33469			40	084048	5		
2. Principal Place of Business - No P.O. Box #		3. Maili	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			04242007	Chg-NP	CR2E037	(12/06)	
City & State		City	City & State		···········	4. FEI Number 65-0826			<b>→</b>	plied For t Applicable
Zip	Country	Zip		Cou	intry	5. Certificate of	of Status Desire		3.75 Add	litional
	6. Name and Address of Cu	rrent Registered	1 Agent			7. Name and	Address of Ne	w Registered Age	nt	
MANTWILL, DAVID A 6 CONCOURSE DRIVE TEQUESTA, FL 33469					Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Cod	2
8 The shows	named entity submits this statem	ant for the purpo	en of changing its	tagistasa	nd office or regin	tored agest or bath	in the State o		oiline with	and account
	tions of registered agent.	ent for the purpo	ise of changing its	registere	su onice or regis	stered agent, or boll	i, in the state o	ronca. Familian	ma wui,	and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applic	cable. (NOTE	: Registered	d Agent signature requ	ured when reinstating)		DATE		
Filing Fee Is \$61.25 9. Election Campaign in Trust Fund Contribut						\$5.00 May Be		Make check p	ON THE STATE OF TH	
10.	<u> </u>			11.		ADDITIONS/CHA	NGES TO OFF	ICERS AND DIREC	CTORS IN	10
	OFFICERS AN	ID DIRECTORS				ADDITIONS/CHA				
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I hereby certify that the information supplied with tills filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report of supplemental report is trot and accurage 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 of the receiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

AGNATURE AND PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

561.746.0170