


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005640 1. Entity Name QUESTERS COMMUNITY SERVICE FUND INC.	
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Principal Place of Business POST OFFICE BOX 7212 DELRAY BEACH, FL 33482	Mailing Address POST OFFICE BOX 7212 DELRAY BEACH, FL 33482
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DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0850816	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACKSON, EDWARD 10317 ST ANDREWS ROAD BOYNTON BEACH, FL 33436

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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 EDWARD JACKSON 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROBINSON, RORY 35 TEAL WAY BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JONES, JEFFERY P POST OFFICE BOX 2041 WEST PALM BEACH, FL 33402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAYNE, OTIS P.O. BOX 2511 DELRAY BEACH, FL 33447
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOMACK, ANTONIO 5090 BRIGHT GALAXY LANE GREENACRES, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON, DONALD 517 NW 98TH AVENUE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, ALEXANDER III 6084 STRAWBERRY LAKES CT. BOYNTON BEACH, FL 33463

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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: OTIS PAYNE Treasurer 4/24/06 561-272-9020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #