

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005640

FILED
Apr 15, 2008
Secretary of State

Entity Name: QUESTERS COMMUNITY SERVICE FUND INC.

Current Principal Place of Business:

125 NW 3RD AVE
DELRAY BEACH, FL 33482

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7212
DELRAY BEACH, FL 33482

New Mailing Address:

FEI Number: 65-0850816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, EDWARD
10317 ST ANDREWS ROAD
BOYNTON BEACH, FL 33436 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: CD () Delete
Name: ROBINSON, RORY
Address: 35 TEAL WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VCD () Delete
Name: JONES, JEFFERY P
Address: POST OFFICE BOX 2041
City-St-Zip: WEST PALM BEACH, FL 33402

Title: TD () Delete
Name: PAYNE, OTIS
Address: P.O. BOX 2511
City-St-Zip: DELRAY BEACH, FL 33447

Title: SD () Delete
Name: WOMACK, ANTONIO
Address: 5090 BRIGHT GALAXY LANE
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: JEFFERSON, DONALD
Address: 517 NW 98TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: EDMONDS, ALEXANDER III
Address: 6084 STRAWBERRY LAKES CT.
City-St-Zip: BOYNTON BEACH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PAYNE, OTIS
Address: POB 6445
City-St-Zip: DELRAY BEACH, FL 33482

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: OTIS PAYNE

TREA

04/15/2008

Electronic Signature of Signing Officer or Director

Date