

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000948

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** CSB COMMUNITY RESOURCES, INC.

**Current Principal Place of Business:**

4686 PALOMAR AVENUE  
FT. PIERCE, FL 34946

**New Principal Place of Business:**

3032 N.W. 4TH COURT  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

P.O. BOX 13226  
FT. PIERCE, FL 34979

**New Mailing Address:**

P.O. BOX 350247  
PALM COAST, FL 32135

**FEI Number:** 65-0883596      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BOWE, CAROL S  
P.O. BOX 13226  
FT. PIERCE, FL 34979      US

**Name and Address of New Registered Agent:**

BOWE, CAROL S  
3032 N.W. 4TH COURT  
POMPANO BEACH, FL 33069      US

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: CAROL S. BOWE

10/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BOWE, CAROL S  
Address: P.O. BOX 13226  
City-St-Zip: FT. PIERCE, FL 34979

Title: T ( ) Delete  
Name: LEE, MARTHA  
Address: 3032 N.W. 4TH CT.  
City-St-Zip: POMPANO BEACH, FL 33063

Title: S ( ) Delete  
Name: GOLDSTEIN, IVY  
Address: 231 STONY POINT DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOWE, CAROL S  
Address: P.O. BOX 350247  
City-St-Zip: PALM COAST, FL 32135

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

Title: S (X) Change ( ) Addition  
Name: WRIGHT, DAPHINE  
Address: P.O. BOX 350247  
City-St-Zip: PALM COAST, FL 32135

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: CAROL S. BOWE

P

10/08/2007

Electronic Signature of Signing Officer or Director

Date