

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90162 002 ***158.75

DOCUMENT # P94000040847

1. Corporation Name

BRANDYWINE COMMUNITY SERVICES CORPORATION

Principal Place of Business

2 POND'S EDGE DRIVE
CHADDS FORD PA 19317

Mailing Address

P.O. BOX 999
CHADDS FORD PA 19317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

58-2127015

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Joseph W. Gaynor P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2637 McCormick Drive

83

Suite B

84 City

Clearwater

FL

85 Zip Code

33759

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

President

4/20/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | DTD | <input type="checkbox"/> DELETE |
| NAME | MOORE, BRUCE E | |
| STREET ADDRESS | 2 POND'S EDGE DRIVE | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | GIOVINCO, PHILLIP C | |
| STREET ADDRESS | 2 POND'S EDGE DRIVE | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | DOYLE, DENISE M | |
| STREET ADDRESS | 2 POND'S EDGE DRIVE | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | ECKHOUSE, TOD B | |
| STREET ADDRESS | 2637 MCCORMICK DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 34619-1041 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MOORE, BRUCE | |
| STREET ADDRESS | 2 POND'S EDGE DRIVE | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HAYNOR, JOSEPH W | |
| STREET ADDRESS | 2637 MCCORMICK DRIVE | |
| CITY-ST-ZIP | CLEARWATER FL 34619 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Gaynor, Joseph W. |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bruce E. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore

APR 14 1999

Date

Daytime Phone #

(610) 388-9600

CR2E034 (11/98)