

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707822

**FILED**  
**Jan 18, 2013**  
**Secretary of State**  
**CC5205537848**

**Entity Name:** COMMUNITY SERVICE FOUNDATION, INC.

**Current Principal Place of Business:**

925 LAKEVIEW ROAD  
CLEARWATER, FL 33756

**Current Mailing Address:**

925 LAKEVIEW ROAD  
CLEARWATER, FL 33756 US

**FEI Number:** 59-0866939

**Certificate of Status Desired:** Yes

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

MARQUARDT, EMIL CJR.  
625 COURT STREET, SUITE 200  
CLEARWATER, FL 33756 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LANGAN, LISA E  
Address 629 SO. FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title SD  
Name KEMP, LINDA L  
Address 5959 CENTRAL AVE, #105  
City-State-Zip: ST PETERSBURG FL 33710

Title VD  
Name LINDELOF, SUSAN L  
Address 570 CARILLON PARKWAY  
City-State-Zip: ST PETERSBURG FL 33716

Title TD  
Name GAFFNEY, TERESE M  
Address 1150 CLEVELAND STREET  
City-State-Zip: CLEARWATER FL 33755

Title D  
Name MARQUARDT, EMIL CJR  
Address 625 COURT STREET, SUITE 200  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name JAMIESON, HARRY  
Address 1956 BAYSHORE BLVD.  
City-State-Zip: DUNEDIN FL 34698

*I hereby 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 all other like empowered.*

**SIGNATURE:** LISA LANGAN

**PRESIDENT**

**01/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date