

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715459** (4)
T. Corporation Name
MID FLORIDA COMMUNITY SERVICES, INC.

Principal Place of Business: **8055 KENNEDY BLVD. P.O. BOX 896 BROOKSVILLE FL 34605-7896**
Mailing Address: **820 KENNEDY BLVD P.O. BOX 896 BROOKSVILLE FL 34605-7896 US**

2. Principal Place of Business: **21** Suite, Apt # etc
2a. Mailing Address: **26** Suite, Apt #, etc
23 City & State
24 Zip Country 25 Country 29 Zip Country 30

APPROVED
FILED
MAY 9 1995
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1968** 3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-1235202** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD FL 32684**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEVILLE, EUNICE M
STREET ADDRESS	S COUNTY RD 453 POB 715
CITY ST ZIP	LAKE PANASOFFKEE FL
TITLE	VD
NAME	MOULTON, KAREN
STREET ADDRESS	7348 BROAD ST
CITY ST ZIP	BROOKSVILLE FL
TITLE	ED
NAME	GEORGINI, MICHAEL J.
STREET ADDRESS	HWY 301 SO., P.O. BOX 26
CITY ST ZIP	OXFORD FL
TITLE	SD
NAME	FLOYD, IRA BELLE
STREET ADDRESS	1572 E JEFFERSON ST
CITY ST ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: *Michael J. Georgini* DATE: **04/20/95** **904-796-1425**
Michael J. Georgini