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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **715459**

1. Corporation Name
MID FLORIDA COMMUNITY SERVICES, INC.

Principal Place of Business	Mailing Address
820 ~~9225~~ KENNEDY BLVD. ~~P.O. BOX 896~~ BROOKSVILLE FL ~~34605-0896~~ 34601	~~820 KENNEDY BLVD~~ P.O. BOX 896 BROOKSVILLE FL 34605-0896 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/25/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1235202 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD FL ~~32684~~ 34484

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEVILLE, EUNICE M		1.2 NAME	
STREET ADDRESS	S COUNTY RD 453 POB 715		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOULTON, KAREN		2.2 NAME	
STREET ADDRESS	7348 BROAD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601		2. 4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GEORGINI, MICHAEL J.		3.2 NAME	
STREET ADDRESS	HWY 301 SO.,P.O. BOX 26		3.3 STREET ADDRESS	
CITY-ST-ZIP	OXFORD FL 34484		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LAING, DAVID A		4. 2 NAME	
STREET ADDRESS	1170 MARINER BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 617, 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: Michael J. Georgini EXECUTIVE DIRECTOR 4/19/99 (352) 796-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)