

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715459

FILED
Feb 09, 2005
Secretary of State

Entity Name: MID FLORIDA COMMUNITY SERVICES, INC.

Current Principal Place of Business:

820 KENNEDY BOULEVARD
P.O. BOX 896
BROOKSVILLE, FL 346057896

New Principal Place of Business:

Current Mailing Address:

820 KENNEDY BLVD
P.O. BOX 896
BROOKSVILLE, FL 346057896 US

New Mailing Address:

FEI Number: 59-1235202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD, FL 32684 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOULTON, KAREN
Address: 7348 BROAD ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: ED () Delete
Name: GEORGINI, MICHAEL J
Address: HWY 301 SO., P.O. BOX 26
City-St-Zip: OXFORD, FL 34434

Title: SD () Delete
Name: LAING, DAVID A
Address: P.O. BOX 1224
City-St-Zip: BROOKSVILLE, FL 34605 12

Title: VD () Delete
Name: CHILDERS, DOUG
Address: P.O. BOX 491636
City-St-Zip: LEESBURG, FL 34749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J. GEORGINI

ED

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date