

715 459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

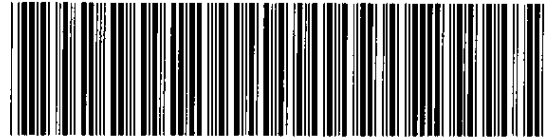
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100403558921

**NON-PROFIT
CHARTER #**

15,459

HERNANDO COLLEGE FOUNDATION
INCORPORATED 1962

SECRETARY OF THE STATE
STATE OF FLORIDA

TOP PAGE OF
SECRETARY'S FILE

Mr. Tom Adams
Secretary Of State
Tallahassee, Florida

15,459

Dear Sir:

Enclosed are the Articles of Incorporation for
Hernando County Action, a non-profit community organization
organized for the economic and social improvement of
the depressed areas of Hernando County. We ask your
approval of this document.

Enclosed also is my personal money order for thirty
dollars to cover the cost of Domestic Corporation and
Corporate Documents. I hope this form of payment is
acceptable.

Please address correspondence from your office
to: Mrs. Glennell Williams, Secretary
Hernando County Action
1011 Kennedy Boulevard
Brooksville, Florida 33512

Thank

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1969 JUN 25 12 01

FILED

NON-PROFIT SECTION

C. TAX	2.0
FILING	2.0
R. STATE	2.0
COM. STATE	2.0
TOTAL	8.0
RECEIVED	

1969 JUN 25 12 01

ARTICLES OF INCORPORATION

For

HERNANDO COUNTY ACTION, INCORPORATED
a corporation not for profit.

We, the undersigned, hereby associate ourselves for the purpose of becoming incorporated under Chapter 617 of the Florida Statutes applicable to corporations not for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following Articles of Incorporation:

Article I Name and Location

Section 1 The name of this corporation shall be: Hernando County Action, ^{/Incorporated} with its principle place of business at Kennedy Park, Hernando County, Florida. The mailing address of this corporation is: 1011 Kennedy Boulevard, Brooksville, Florida, 33512.

Article II Purposes

Section 1 To effect, through cooperative effort, social improvement of the area known as Hernando County, Florida.

Section 2 To provide a channel of communication among the residents of Hernando County and between the residents and the various agencies, both public and private, which have an effect upon community and personal development.

Section 3 To mobilize and coordinate available resources for the mutual benefit of the residents of Hernando County.

Section 4 To provide incentive and stimulate self-help among the residents of Hernando County and to promote understanding

1968 OCT 25 PM 12:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 2 Section 4 cont.

among all people.

Article III Membership

Section 1 Any and all persons seriously interested in the purposes of this corporation and who agree to abide by such rules and regulations as may be established in accordance with the by-laws and who have attained the age of eighteen years shall be eligible for membership in this corporation. Such persons shall become members if they have (a) a sponsor who is a member of the corporation (b) the approval of the membership committee as established in accordance with the by-laws and (c) the approval of the general membership at any regular meeting of the corporation at which a quorum is present.

Section 2 Any member of this corporation shall enjoy all the rights and privileges of all members of the corporation in accordance with the by-laws.

Article IV Meetings

Section 1 This corporation shall meet at least once a month and no more than once a week. Any meetings called less than seven days since the last regular meeting of the corporation shall be considered as committee meetings and shall not be binding on the membership as a whole except where such powers are established in the by-laws.

Article V Longevity

Section 1 This corporation shall have perpetual existence.

Article VI Officers

Section 1 Officers of this corporation shall be a President, Vice-President, Secretary, and Treasurer with the provision that a Second Vice-President and/or a Third Vice-President and a Second Secretary and/or a Third Secretary may serve as officers if they are duly elected in accordance with the by-laws.

Section 2 The officers shall do the customary work of their respective offices and will receive no remuneration of any kind for the performance of these duties.

Section 3 Officers shall be elected by the general membership at a regular meeting of the corporation, a quorum being present, and shall serve for a period of one year.

Section 4 The present officers of the corporation are as follows:

President	Mr. Leroy Goodson
Vice-President	Mrs. Betty Simpkin
Second Vice-President	Mrs. Justine Inmon
Third Vice-President	Mrs. Loretta Snell
Secretary	Mrs. Glennell Williams
Second Secretary	Mrs. Dorothy Smith
Third Secretary	Miss Stella DeRamus
Treasurer	Mr. Dewey Hendricks

Article VII Board of Directors

Section 1 The affairs of the corporation shall be managed by a Board of Directors constituted in the following manner: The President of the corporation, the Treasurer of the corporation, and three additional members of the corporation

Article VII Section 1 cont.

elected by the general membership of the corporation at any regular meeting, a quorum being present, and shall serve for a term of one year.

Section 2 The present members of the Board of Directors are as follows:

Mr. Leroy Goodson, 613 Woods Drive, Brooksville, Florida.

Mr. Dewey Hendricks, 411 W. Hendricks Ave., Brooksville, Fla.

Mrs. Blanche Cambric, 906 Josephine Street, Brooksville, Fla.

Mrs. Mildred Sims, 306 Armstrong Avenue, Brooksville, Florida.

Mrs. Flora Belle DeRamus, 611 Woods Drive, Brooksville, Fla.

Article VIII Executive Board

Section 1 There shall be an executive board consisting of all the duly elected officers of the corporation.

Section 2 The executive board shall be responsible for coordinating the activities of all committees and bodies within the corporation, and the setting of the agenda for regular meetings of the corporation.

Article IX By-Laws

Section 1 A committee duly elected by the general membership of this corporation shall propose by-laws for the conduct of its business and the carrying out of its purpose.

Section 2 By-laws so prepared shall be submitted to the membership of the corporation at a regular meeting for their approval or refusal upon a two-thirds vote of the members, a quorum being present.

Article X Committees

Section 1. Permanent committees shall exist indefinitely and shall be created with the approval of the general membership at any regular meeting of the corporation, a quorum being present.

Section 2. Members of permanent committees shall be elected by the general membership in accordance with the by-laws.

Section 3. Temporary committees shall be created by the president and shall exist according to the president's will.

Section 4. Members of temporary committees shall be appointed by the president.

Section 5. The president of the corporation is an ex-officio member of all committees.

Article XI Public Meetings

Section 1. All meetings of the corporation shall be open to the public with the exception of the Executive Board, the Board of Directors, and permanent committees. Attendance at meetings of these bodies shall be by invitation only.

Article XII Charter Members

Section 1. The following persons are Charter Members of the corporation and shall become full members upon acceptance of the Charter. These persons are hereby exempt from the requirements of Article III herein:

NAME

ADDRESS

Blanche Camis	906 Josephine St
Wendell Sims	306 Oriskany
R. James Smith	713 Wood Dr

Article XII Section 1 cont.

NAME	ADDRESS
Charles Spann	230 "A" Street
Wesley Smith	232 A Street
Cara Lu Washington	309 Armstrong St
Eun Bayler	823 Leonard St.
Mattie Goodson	613 Wood Dr
Stella L. Delaney	611 Wood Drive
Gloria B. DeRamus	611 Wood Dr
Jerry Goodson	619 Wood Dr
Betty L. Simpkins	228 - A - St. Brookville Pa
Thelma Knell	237 A St
Jestine Emman	1002 - 15th
Henetta Small	231 A Street
Aleguill Williams	1011 Kennedy Blvd
Robert Brent	12574 Box 51
James L. Young	411 Kennedy Blvd
Ann Ruth Jackson	1011 Kennedy Blvd
L. L. D. Dan Simmons	316 1st City
Wae Pearl Neal	621 Pine Ave
Henry Stewart	807 E St
ORAMON NAGRNCKVIG	1304 Melchior Road
R. E. Lyons	road 103 Box 66
Thalia C. McMillan	Box 68
G. P. Ginn	1002 First Brookville Pa
Edith Handcock	1111 West
Marian Johnson	610 John St
Alexander Young	608

Article XII, Section 1 cont.

NAME

ADDRESS

Mrs. Catherine A. Hildebrand	226 Ast. Brookville, Pa.
Johnnie Will Glenn	1209 Michel Road
Mrs. Mae Helen Kent	313 Daniel Ave
Mr. Robert Lee Kent	313 Daniel Ave
Allen Williams	307 Daniel Ave
Bonnie Mae Motson	29 Mc-Cray St
W. M. Richardson	W. M. Richardson
John F. Pugh	902 St. Rd. 50E Brookville
William M. Fagin	1011 Kennedy Club Brookville
Carroll J. Parker	1001 First Street Brookville
Francis Brown	1011 First Street Brookville
May S. Dues	707 Hazel Ave Brookville

Bernard J. Baker	206 H. St.
Minnie J. Baker	1041 Kennedy Blvd.
Jimmie M. Baker	203 THREE ST.
Charles A. Baker	Rt. 1, Box 9
James A. Baker	Rt. 1, Box 9
Edna J. Clarke	1112 Street
Robert J. Baker	Rt. 1, Box 9
C. J. Baker	Rt. 2, Box 204
Gabriel Ellison	1109 Hitchcock Road
Bide Sanders	517 Jugg Street
Fred Anderson	301 R.R. ST
Lee Anderson	411 BOX 12 W
Mack Scrimmon	Rt. 1, Box 9
Mary Ann Blake	Adel
Joseph J. Baker	1011 Kennedy Blvd
Fred J. Baker	58
Jessie Lee Johnson	28th Street
Wesley Blake	1011 Kennedy Blvd
John L. Baker	Duke City Hwy
John L. Baker	313 Duke St City

These articles are :

Mr. Leroy Goodson 613 Woods
 Mr. Dewey Hendricks 411 W.
 Mrs. Blanche Cambric 906 J.
 Mrs. Mildred Sims 306 Armal

ville, Florida.
 Brooksville, Fla.
 Brooksville, Florida.
 Brooksville, Florida.

Freeman Roberts	640 S. May Ave
Frank DeRenne	66 Wood Dr Brooksville
Robert Lee Bell	1011 Kennedy Dr BLU
Katherine Baggett	1011 Kennedy Dr
Alma Jean Bell	216 A St.
Howard Bell	216 A St.
Robert Bell	
Sallie Mae Bates	702 Hazel Ave, City
Theresa Howard	846 Howard Street
John Bayliss	803 Leonard Street
Margie W. Bell	W 3rd & 6th near Hall
W. Richard Simpson	226 A St
Anna Lee Bowers	Box 3 Box 194
Virginia Williams	15 Canal Dr 307
Johnnie Mae Nathan	738 Block St
Carol Nathan	738 Block St

Mr. Leroy Godson 613 Woods Drive, Brooksville, Florida.
 Mr. Dawey Hendricks 411 W. Hendricks Ave., Brooksville, Fla.
 Mrs. Blanche Cambric 906 Josephine St., Brooksville, Florida.
 Mrs. Mildred Sims 306 Armstrong Ave., Brooksville, Florida.

Article XIII Charter Acceptance and Amendment

Section 1 This Charter shall become effective upon acceptance of two-thirds of the persons present and voting at any regular meeting of the corporation, a quorum being present.

Section 2 Amendments to this Charter shall be considered upon a motion of two-thirds of the members present and voting at any regular meeting of the corporation, a quorum being present, and shall become effective upon acceptance of two-thirds of the members present and voting at any regular meeting of the corporation, a quorum being present.

Article XIV Distribution of Assets upon Dissolution

Section 1 No person, firm, or corporation shall ever receive any dividends or profits from the undertaking of this corporation and upon dissolution of this organization all of its assets remaining after payment of all costs and expenses of such dissolution shall be distributed to organizations which have qualified for exemption under Section 501 (c) (3) of the Internal Revenue Code, or to the Federal Government, or to a state or local government, for a public purpose, and none of the assets will be distributed to any member, officer, or trustee of this corporation.

Article XIV Subscribers

Section 1 The names and residences of the subscribers to these articles are :

Mr. Leroy Goodson 613 Woods Drive, Brooksville, Florida.
Mr. Dewey Hendricks 411 W. Hendricks Ave., Brooksville, Fla.
Mrs. Blanche Cambric 906 Josephine St., Brooksville, Florida.
Mrs. Mildred Sims 306 Armstrong Ave., Brooksville, Florida.

IN WITNESS WHEREOF, we, the undersigned subscribing
incorporators, have hereunto set our hands and seals this
16th day of Oct. 1968, for the purpose of forming this
corporation not for profit under laws of the State of Florida.

Leroy Goodson

Dewey Hendricks

Blanche Cambric

Mildred Sims

STATE OF FLORIDA)
COUNTY OF HERNANDO) SS.

Before me, a Notary Public duly authorized in the state
and county named above to take acknowledgments, personally
appeared Leroy Goodson, Blanche Cambric, Mildred Sims, Dewey Hendricks
and _____, to me known to be the persons de-
scribed as subscribers in and who executed the foregoing articles
of incorporation, and they acknowledged before me that they
executed and subscribed to these articles of incorporation.

Witness my hand and official seal in the county and state
named above this October 16, 1968
(date)

Wm. R. Van
NOTARY PUBLIC
MY COMMISSION EXPIRES _____
MY COMMISSION BEGINS MAY 24, 1977
FORGED THROUGH FRED W. DINGELHORN

CORPORATION NOT FOR PROFIT

No. *N.P. 15,459.0*

Resident Agent Certificate

NAME

*HERNANDI COUNTY
ACTION, INC.*

MR. LEROY GOODSON

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA

TOM ADAMS
SECRETARY OF STATE

BY *[Signature]*

STATE OF FLORIDA

OFFICE

SECRETARY OF STATE

CORPORATION NOT FOR PROFIT

RDVY-11-31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served

RW-1489 #2 978 1-00007-01

In pursuance of Section 617.023, Florida Statutes, the following is submitted in compliance with said Act:

First That HERNANDO COUNTY ACTION, INCORPORATED

a corporation not for profit, duly organized and existing under the laws of the State of FLORIDA

with its principal place of business at ORANGE KENNEDY PARK

County of HERNANDO State of FLORIDA

has designated and established 1011 KENNEDY BOULEVARD

(Street address and building number, P. O. Box address not acceptable)

City of BROOKSVILLE County of HERNANDO

State of FLORIDA as its place of business or domicile for the service of

process within this State, and named as its agents MR. LEROY GODDSON

to accept service of process.

Complete the following when there is a change of use or more officers or directors.

OFFICERS: AFFIX TITLES SPECIFIC ADDRESS
NAME

DIRECTORS: (THREE (3) required by law) SPECIFIC ADDRESS
NAME

By Leroy Goddson
President

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above-entitled corporation, at place designated in this certificate, I, Leroy Goddson, do hereby consent to act in this capacity.

By Leroy Goddson
Resident Agent

Section 617.023, Florida Statutes. Office and resident agent: Every corporation organized hereunder shall maintain an office in this state with a resident agent thereat upon whom process may be served. The resident agent may be either an individual or a corporation. The corporation shall have the secretary of state informed of the corporation's name and street address of said office together with the name of the resident agent.

Filing Fee

NP # 15,459

HERNANDO COUNTY ACTION, INCORPORATED

New Corporation () Reincorporation () Amendment (\$617.02)

Filed: October 25, 1968 By: _____

Resident agent filed 10-25-68

DISSOLVED BY PROCLAMATION
10-21-74

corp-32



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

10/25/1977

BRUCE A. SMATHERS
SECRETARY OF STATE

F. R. RITTER, DIRECTOR
DIVISION OF CORPORATIONS

RECEIVED
OCT 27 1977
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAVID A. MACNAMARA
ASSISTANT SECRETARY OF STATE

HERNANDO COUNTY ACTION, INC.
121 E. Broad St.
Brooksville, FL 33512

Dissolved By Proclamation
under Section 608.36, Fla.
Statutes, 10-21-74.

REINSTATEMENT SECTION

Telephone No. 904/488-5988

REINSTATEMENT
FILED 11/4/77 715459

SUBJECT: HERNANDO COUNTY ACTION, INCORPORATED

Document: RETURNED XX; PENDING ; REINSTATEMENT XX

1. NAME IS NOT AVAILABLE.
2. Check for has been received and deposited but is insufficient to cover the following:

REINSTATEMENT Balance Due for Filing Fee

Fee in Please complete and return the enclosed report(s) with a Reinstatement Filing Fee of for to complete the reinstatement.

72 Privilege Tax Please list officers and directors and their street addresses on the annual report.

73 Annual Report

74 Annual Report

75 Annual Report Annual report must be signed by an officer of the corporation.

76 Annual Report

77 Annual Report A Florida registered agent and street address must be shown on the annual report.

Total

Bal. Due 7. 50 We must have a street address for the corporation.

Refund

8. Please return the same annual report enclosed.
9. Your annual report and fee is pending reinstatement.
10. OTHER:

ARP. 10
11/17/76
er

715459

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

Bruce A. Smathers
Secretary of State

72 - 1977

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE.

Form COH 620

FILED
72-1977
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

1. Name and Address of Corporation Principal Office: 715459 Hernandez County Action Inc. INCORPORATED 121 East Broad Street Brooksville, Florida 33512		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.	
Street Address		P.O. Box No.	
City		State	
Zip Code			

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida	10/25/68	4. Federal Employer Identification Number (FEIN)	13-1235273	5. Date of Last Report	1977
---	----------	--	------------	------------------------	------

6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
J. D. Floyd	Pres.		902 State Rd. 50 E.	Brooksville, Florida
Alma I. Grady	Sec.		3407 Hwy. 50 W.	Brooksville, Florida
Donald W. Pickens	E. Dir.		915 Hammock Road	Brooksville, Florida

7. Registered Agent Information	Name	Donald W. Pickens	Street Address (Do NOT Use P.O. Box Numbers)	915 Hammock Road
	City, State and Zip Code	Brooksville, Florida	33512	
If you wish to change Registered Agent on this form, enter all new information here ▶	Name		Street Address (Do NOT Use P.O. Box Numbers)	
	City, State and Zip Code			

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary, or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, The Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer	J. D. Floyd	Title	Chairman	Telephone Number	904-796-1425
Signature	<i>J. D. Floyd</i>	Date	10/16/77		

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

HEBEL INS CO INCORPORATED

715459

77

4TH

NOVEMBER,

77



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

11/4/1977

F. R. RITTER, Director
Division of Corporations
904/488-3140

DAVID C. MACNAMARA
ASSISTANT SECRETARY OF STATE

BRUCE A. SMATHERS
SECRETARY OF STATE

BERNARDINO CONROY ACTION, INC.
101 N. Grand St.
Rochester, N.Y. 14609

SUBJECT: BERNARDINO CONROY ACTION, INC.

DOCUMENT NUMBER: 11/4/77

This will acknowledge receipt of the following:

1. XX Check(s) totalling \$ 50.
2. _____ Articles of Incorporation filed
3. _____ Amendments to Articles of Incorporation filed
4. _____ Articles of Merger or Consolidation filed
5. _____ Certificate of Withdrawal filed
6. _____ Limited Partnership filed
7. _____ Limited Partnership Annual Report filed
8. _____ Trademark Application filed
9. _____ Application for qualification filed _____ . It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
10. XX Reinstatement filed 11/4/1977
11. _____ Articles of Dissolution filed
12. _____ OTHER:

ENCLOSURE:

1. _____ Certified Copy(ies).
2. XX Certificate(s) Under Seal.
3. _____ Photocopy(ies).
4. _____ OTHER:

A M E N D M E N T

Word Processing: February 2, 1978

By: pas

Updating: 2-8-78

By: 

A notification letter was mailed to: Donald W. Pickens, Exec. Director
HERNANDO COUNTY ACTION, INC.
Post Office Box 896
Brooksville, Florida 33512 Addressed to: Mr. Pickens

changing corporate name from : HERNANDO COUNTY ACTION, INC.

An Amendment to the Articles of Incorporation of HERNANDO-SUMTER
COMMUNITY ACTION AGENCY was filed.

Filing date: February 1, 1978

Remittance totaling: \$20.00

Charter Number: 715459

Enclosure(s) (1)

715459

Name change

Hernando County Action, Inc. Helping people help themselves

121 EAST BROAD STREET
POST OFFICE BOX 896
BROOKSVILLE, FLORIDA, 33512

Phone: 796-1425

APPROVED
AND
FILED
FEB 1 2 10 PM 1978
CORPORATION'S DIVISION
TALLAHASSEE, FLORIDA

597431

January 24, 1978

Bureau of Corporation Records
Charter Section
Secretary of State
The Capitol
Tallahassee, Florida 32304

1771

202 7 1 952
1265 8 1 956

Gentlemen:

We desire to amend our articles of incorporation as follows:

1. Change the name to Hernando-Sumter Community Action Agency, Incorporated.
2. Adopt new by-laws.
3. Expand area for provision of services.

Enclosed you will find:

1. Resolution to Change Charter.
2. Resolution to Adopt New By-Laws.
3. Resolution for Area of Operation.
4. Check for \$20.00
 - a. \$15 filing fee
 - b. \$ 5 fee for certified copy.

Please return a certified copy of the new charter as soon as possible.

PRIVILEGE TAX	
C. TAX	
FILING	15
C. COPY	5
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	20
BALANCE DUE	

Sincerely yours,
Donald W. Pickens
Donald W. Pickens,
Executive Director

DWF/bjm

Hernando County Action, Inc. *'Helping people help themselves'*

121 EAST BROAD STREET
POST OFFICE BOX 896
BROOKSVILLE, FLORIDA, 31512

APPROVED
AND
FILED
FEB 21 2 11 PM 1978
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

RESOLUTION TO CHANGE CHARTER

WHEREAS, the Board of County Commissioners of Hernando and
Sester Counties recognized the need for a Community Action Agency; and

WHEREAS, they have consented for the Hernando County Action, Inc.
to act as the Community Agency;

THEREFORE, the Board hereby amends the charter for the Hernando
County Action, Inc. to include serving the areas in the Hernando and
Sester County, and to change the name to the Hernando-Sester Community
Action Agency.

BY: *J. H. Scott*
CHAIRMAN OF THE BOARD
BY: *Alma P. Gasky*
SECRETARY OF THE BOARD
DATE: 1/1/78

Hernando County Action, Inc. ————— *Helping people help themselves*

121 EAST BROAD STREET
POST OFFICE BOX 896
BROOKSVILLE, FLORIDA, 33512

Phone: 796-1425
796-1431

RESOLUTION TO ADOPT NEW BY LAWS

WHEREAS, the Board of Directors of Hernando County Action, Inc. has resolved to revise the Charter to become Hernando-Sumter Community Action Agency to be effective immediately upon recognition by the Community Services Administration and/or receipt of the new Charter from the State of Florida;

BE IT THEREFORE RESOLVED, that at such time of recognition the By Laws of Hernando-Sumter Community Action Agency be effective and the bases for the operation of a Community Action Agency in Hernando and Sumter Counties.

BY: *Jeff Floyd*
CHAIRMAN OF THE BOARD
BY: *Alma R. Grady*
SECRETARY OF THE BOARD
DATE: 11-4-77

Hernando County Action, Inc. *Helping people help themselves*

121 EAST BROAD STREET
POST OFFICE BOX 896
BROOKSVILLE, FLORIDA, 33512

Phone: 796-1425
796-1431

RESOLUTION FOR AREA OF OPERATION

WHEREAS, the Board of Directors has authorized the amendment of the Charter,

BE IT RESOLVED THAT: the Hernando-Suwanee Community Action Agency be authorized to serve in the five county area, Hernando, Suwanee, Marion, Citrus and Levy to the provision of services as they relate to the Office of Economic Opportunity Act of 1964 and 1967 as amended.

BY: *J. M. [Signature]*


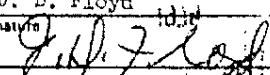
CHAIRMAN OF THE BOARD

BY: *Alma T. [Signature]*

SECRETARY OF THE BOARD

DATE: *1-14-78*

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS CORPORATION ANNUAL REPORT 1978		 ERIC A. SMATHERS Secretary of State		DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77					
READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES					
1. Name and Address of Corporation Principal Office: 715459 HERNANDO COUNTY ACTION, INCORPORATED 121 EAST BROAD STREET BROOKSVILLE, FL 33512			2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.		
			Street Address		
			P.O. Box No.		
			City		
			State		Zip Code
3. Date Incorporated or Qualified To Do Business in Florida		4. Federal Employer Identification Number (FEIN)		5. Date of Last Report	
		59-1235273		1977	
6. Names and Street Addresses of each Officer and Director					
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
FLOYD, J. D.	PRES		902 STATE ROAD 50 EAST	BROOKSVILLE, FL	
GRADY, ALMA T.	SEC		3407 HWY 50 WEST	BROOKSVILLE, FL	
PICKENS, DONALD W.	DIR		915 HAMMOCK ROAD	BROOKSVILLE, FL	
7. Registered Agent Information		Name		Street Address (Do NOT Use P.O. Box Number)	
		PICKENS, DONALD W.		915 HAMMOCK ROAD	
		City, State and Zip Code			
		BROOKSVILLE, FL 33512			
If you wish to change Registered Agent on this form, enter all new information here		Name		Street Address (Do NOT Use P.O. Box Number)	
		City, State and Zip Code			
8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee. No Other Titles Will Be Accepted, Your Report Will Be Returned If It Does NOT Bear An Authorized Signature. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.					
Typed Name of Signing Officer		Title		Telephone Number	
J. D. Floyd		Chairman of the Board		(904) 796-5761 ext. 212	
Signature		Date			
		1/12/78			

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

180017***10.00

◀ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ▶


1. Name and Address of Corporation Principal Office: 715459 HERNANDO-SUMTER COMMUNITY ACTION AGENCY 121 EAST BROAD STREET BROOKSVILLE, FL 33512		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address _____ P.O. Box No _____ City _____ State _____ Zip Code _____	
3. Date Incorporated or Qualified To Do Business in Florida: 10/29/1968		4. Federal Employer Identification Number (FEIN): 59-1235202	
5. Date of Last Report: 1978		6. Names and Street Addresses of Each Officer and Director	

Name of Officer and Director	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	City and State
FLOYD, J. C.	P.	902 STATE ROAD SO. EAST	BROOKSVILLE, FL
REDDY, ALMA T.	S.	3407 HWY. SO. WEST	BROOKSVILLE, FL
PICKENS, RONALD W.	D.	915 HAMMOCK ROAD	BROOKSVILLE, FL

7. Registered Agent Information Name: PICKENS, RONALD W. Street Address (Do NOT Use P.O. Box Number): 915 HAMMOCK ROAD City, State and Zip Code: BROOKSVILLE, FL 33512		8. If you wish to change Registered Agent on this form, enter all new information below. Name: _____ Street Address (Do NOT Use P.O. Box Number): _____ City, State and Zip Code: _____	
9. See signature restrictions under instructions on reverse side of this form. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have The Same Legal Effect As If Made Under Oath.		DO NOT WRITE IN THIS SPACE 2-26 24	
10. Type Name of Signing Officer: J. D. Floyd Signature: <i>J. D. Floyd</i>		Telephone Number: 904-796-1425 Date: 1/9/79	

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT  1980 THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE	FLORIDA DEPARTMENT OF STATE George Frestone Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE AND FILED APR 13 3 05 AM 1980 FLORIDA DEPARTMENT OF STATE CORPORATION DIVISION TALLAHASSEE, FLORIDA
---	--	--

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: <input type="checkbox"/> 715459 HERNANDO-SUMTER COMMUNITY ACTION AGENCY 121 EAST BROAD STREET BROOKSVILLE, FL 33512 If above address is incorrect in any way, enter the correct address	2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. Street Address 715 U.S. 41 SOUTH P.O. Box No. P. O. Box 896 City Brooksville, State Florida Zip Code 33512
---	---

3. Date Incorporated or Qualified To Do Business in Florida 10/25/1968	4. Federal Employer Identification Number (FEIN) 59-1235273	5. Date of Last Report 1979
---	--	--------------------------------

6. Names and Street Addresses of Each Officer and Director

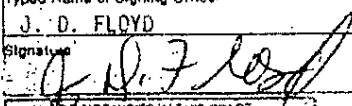
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
FLOYD, J. C.	P	902 STATE ROAD 50 EAST	BROOKSVILLE, FL
GRADY, ALMA T.	S	3407 HWY 50 WEST	BROOKSVILLE, FL
MICHAEL J. GEORGINI PICKENS, DONALD W.	D D	Hwy 301 South (P. O. Box 26) 915 HAMMOCK ROAD	Oxford, Florida BROOKSVILLE, FL

NEW

7. Registered Agent Information Name MICHAEL J. GEORGINI PICKENS, DONALD W. Street Address (Do NOT Use P.O. Box Number) 915 HAMMOCK ROAD HWY 301 SOUTH City, State and Zip Code OXFORD, FLORIDA 32684 BROOKSVILLE, FL 33512	To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
---	---

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

Typed Name of Signing Officer J. D. FLOYD	Title CHAIRMAN OF THE BOARD	Telephone Number 904-796-1425
Signature 	Date 3/31/80	

DO NOT WRITE IN THIS SPACE
KG APR 13 1980

Hernando/Suwannee Community Action Agency

POST OFFICE BOX 6327 BROOKSVILLE, FLORIDA 33512

TELEPHONE: (904) 796-1425

March 31, 1980

4934 4/15/80
066 27 3.00 US

1980 Annual Reports
Post Office Box 6327
Tallahassee, Florida 32301

RE: Statement for New Registered Agent

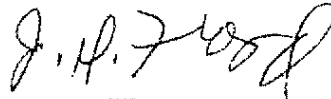
Gentlemen:

Enclosed is our check Number 3315, in the amount of \$13.00 for the Filing Fee and \$3.00 for the New Registered Agent Fee.

Please forward the necessary papers to be completed for our New Registered Agent.

Thank you for your anticipated cooperation in this regard.

Sincerely,



J. D. FLOYD
CHAIRMAN OF THE BOARD

ss

Enclosure

715459

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT</p> <p style="text-align: center;">1981</p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLOYDA DEPARTMENT OF STATE Corporate Relations Secretary of State OFFICE OF CORPORATION</p> <p>APPROVED AND FILED</p> <p>APR 6 8 45 AM 1981</p>
---	---

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRY
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>Address of Corporation Principal Office</p> <p>715459 HERNANDO-SUMNER COMMUNITY ACTION AGENCY 715 U.S. HWY SOUTH P.O. BOX 896 BROOKSVILLE, FL 33512</p>	<p>State Change of Address of Corporation and Principal Office, S.O. Box Number, Name of NOT. Agent (if)</p> <p>Street Address</p> <p>P.O. Box No.</p> <p>City</p> <p>State</p> <p>Zip Code</p>
--	---

<p>Date Incorporated or Qualified to Do Business in Florida</p> <p>10/25/1968</p>	<p>Person Employer Identification Number (EIN)</p> <p>59-1235273</p>	<p>Date of Last Report</p> <p>1980</p>
---	--	--

Names and Street Addresses of Each Officer or Director			
Name of Officer or Director	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Number)	City and State
FLOYD, J. O.	P.	962 STATE ROAD 50 EAST	BROOKSVILLE, FL
GRADY, ALMA T.	S.	3407 HWY 50 WEST	BROOKSVILLE, FL
GEORGINI, MICHAEL J.	D.	HWY 301 SO., P.O. BOX 26	OXFORD, FL

<p>Registered Agent Information</p> <p>Name: GEORGINI, MICHAEL J.</p> <p>Business Address: 10201 Use S.O. Box Number</p> <p>HIGHWAY 301 SOUTH</p> <p>OXFORD, FL 32664</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and accepted by the President or Vice President of the corporation must be filed with this report.</p> <p><i>MICHAEL J. GEORGINI</i></p>
--	---

See signature restrictions and instructions on reverse side of this form

I certify that I am an Officer of the Corporation, the Receiver or Trustee, Empowered to Execute This Report as herein provided by F.S. Chapter 607, and I understand my signature on this Report shall have the same legal effect as if made under oath.

<p>Name of Officer or Director: J. D. FLOYD</p> <p>Title: CHAIRMAN OF THE BOARD</p> <p>Signature: <i>J. D. Floyd</i></p>	<p>Telephone Number: 796-1425</p> <p>Accounting Period: 715459 03-10-81</p> <p>Report Due Date: 5-4-81</p>
--	---

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1982

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

715459
HERNANDO-SUMTER COMMUNITY ACTION AGENCY
715 U.S. 41 SOUTH
P.O. BOX 896
BROOKSVILLE, FL 33512

10/25/1968

59-1236273

04/06/1981

FLOYD, J. D.	P	902 STATE ROAD 50 EAST	BROOKSVILLE, FL
GRADY, ALMA T.	S	3407 HWY 50 WEST	BROOKSVILLE, FL
GEORGINI, MICHAEL J.	D	HWY 301 SO., P.O. BOX 25	OXFORD, FL.

Registered Agent Information

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

4/5/81

\$3.00 additional fee required for Registered Agent changes

J. D. Floyd

Chairman of the Board

904-796-1025

Charter / Only

715459

PR
2/16

VALIDATION ONLY

Hernando/Suncoast Community Action Agency
Requestor's Name

Post Office Box 896
Address

Brooksville, Florida 33512 (984) 796-1425
City State ZIP Phone #

CORPORATION(S) NAME

Hernando/Suncoast Community Action Agency

- PROFIT
- NON PROFIT
- AMENDMENT
- MERGER
- FOREIGN
- DISSOLUTION
- MARK
- LIMITED PARTNERSHIP
- ANNUAL REPORT
- RESERVATION
- REINSTATEMENT
- OTHER
- X REPRODUCED COPY
- PHOTO COPIES
- CERTIFICATE UNDER SEAL
- I WALK IN
- I WILL WAIT
- I PICK UP
- I MAIL OUT
- I CALL
- I AFTER 5:00

RECEIVED
SECRETARY
WILLIAMSON
FLORIDA
FEB 16 1983
MIDD

Name	PR 2/16
Availability	
Discrimination Exemption	IT
Updater	MHK FEB 6 1983
Verifier	MHK FEB 6 1983
Acknowledgment	M 2/16
W.P. Verifier	PR 2/16

15
5
20

ORIGINAL

FEB 14 1983

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

OF

HERNANDO-SUMTER COMMUNITY ACTION AGENCY

FILED

FEB 16 1 58 PM '83

SECRETARY OF STATE
TALLAHASSEE FLORIDA

We, the undersigned, Chairman and Secretary, respectively of Hernando-Sumter Community Action Agency, a corporation organized under the laws of the State of Florida and located in the City of Brooksville, Florida hereby certify:

1. The name of the corporation is Hernando-Sumter Community Action Agency.
2. The Articles of Incorporation are amended by the following resolution adopted by the Board of Directors and the Members on December 16, 1982.

Resolved, that the Articles of Incorporation shall be amended so that Article XIV is added to.

Article XIV

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or local government for exclusive public purpose.

Notwithstanding any other provision of these articles, this corporation will not carry on any other activities not permitted to be carried on by (a) a corporation exempt from Federal Income Tax under sections 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provision of any future United States internal revenue law or (b) a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code of 1954 or any other corresponding provision of any future United States internal revenue law.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

3. The above resolution was adopted by the Board of Directors and by the Members unanimously.

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION
page #2

Signed and dated at Brooksville, Florida the 16th day of December, 1982.

(CORPORATE SEAL)

(NOTARY SEAL)

Gill Floyd
Chairman

Christine Gold Britton
Notary Public

Alma R. Graddy
Secretary

Expiration Date
NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES NOV 25 1983
BONDED THRU GENERAL INS. UNDERWRITERS

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION:
ANNUAL REPORT
1983



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George F. Costello
Secretary of State

APR 25 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation (Print Name and Street Address)

715459
HERNANDO-SUMTER COMMUNITY ACTION AGENCY
715 U.S. 41 SOUTH
P.O. BOX 876
BROOKSVILLE, FL 33512

2. Date of Incorporation (Print Date)

02/16/1982

3. Date Incorporation is to expire (Print Date)

10/25/1988

4. State of Incorporation (Print State)

59-1235273

5. Name and Address of Registered Agent (Print Name and Street Address)

FLOYD, J. D.
GRADY, ALMA T.
GEORGINI, MICHAEL J.

P
S
D
902 STATE ROAD 50 EAST
3407 HWY 50 WEST
HWY 301 SO., P.O. BOX 26

BROOKSVILLE, FL
BROOKSVILLE, FL
OXFORD, FL.

Registered Agent Information

GEORGINI, MICHAEL J.

HIGHWAY 301 SOUTH

OXFORD, FL.

32684


\$3.00 additional fee required for Registered Agent changes.

J. D. Floyd

Chairman of the Board

904-796-1425

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1984	 FLORIDA DEPARTMENT OF STATE George F. Armstrong Secretary of State DIVISION OF CORPORATIONS	APPROVED 350 350 APR 17 1 25 PM 1984
---	--	---

Read notice and instructions on Other Side Before Making Entries
 Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation (Include P.O. Box) 715459 HERNANDO-SUMTER COMMUNITY ACTION AGENCY 715 U.S. 41 SOUTH P.O. BOX 896 BROOKSVILLE, FL 33512	2 Enter Change of Address of Corporation (Principal Office, P.O. Box, Rural Address NOT sufficient) Street Address P.O. Box No. City State
---	--

3 Date incorporated in Florida 10/25/1968	4 Federal Employer Identification No. 59-1235288	5 Date of Last Report 04/25/1983
--	---	-------------------------------------

Name and Address of Officer or Director	Title and Office	City and State
1 FLOYD, J. D.	P 902 STATE ROAD 50 EAST	BROOKSVILLE, FL
2 GRADY, ALMA T.	S 3407 HWY 50 WEST	BROOKSVILLE, FL
3 GEORGINI, MICHAEL J.	D HWY 301 SO., P.O. BOX 26	OXFORD, FL.

Registered Agent Information

7 Name and Address of Former Registered Agent GEORGINI, MICHAEL J. HIGHWAY 301 SOUTH OXFORD, FL. 32684	8 Name and Address of New Registered Agent Name Street Address (Do NOT use P.O. Box Number) City, State and Zip Code
---	---

9 By signing this report, the undersigned Director or Officer of this corporation, organized under the laws of the State of Florida, certifies that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

10 I hereby certify that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

Signature: *Michael J. Georgini* Michael J. Georgini Exec. Dir. DATE: 4/16/84

\$1.00 additional fee required for Registered Agent changes.

11 Name and Address of Chairman of the Board J.D. Floyd Chairman of the Board	12 Date 4/16/84 Telephone Number 904-796-6761 #247
---	---

13 I hereby certify that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

14 I hereby certify that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

15 I hereby certify that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

16 I hereby certify that the information furnished is true and correct, and that the registered agent is both in the state of Florida and is a resident of the state of Florida.

COR 0411 841

DUE DATE OF FILING: JANUARY 15 DELINQUENT AFTER APRIL 15 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32301

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation or Limited Partnership
 7354574
 HERNANDO-SUNTEP COMMUNITY ACTION AGENCY
 715 U.S. 41 SOUTH
 P.O. BOX 886
 BROOKSVILLE, FL 33512

2. State of Incorporation or Organization
 FLORIDA

3. Date Incorporated or Organized
 10/25/1968

4. Federal Employer Identification Number
 69-1835202

5. Date of Last Meeting
 04/17/1984

6. Names and Street Addresses of Each Officer and Director as of December 31, 1984

No.	Name of Officer and Director	Title	Street Address of Officer and Director (Include P.O. Box Number)	City and State
1	FLOYD, J. C.	P	102 STATE ROAD 50 EAST	BROOKSVILLE, FL
2	GRADY, ALMA T.	S	3407 HWY 50 WEST	BROOKSVILLE, FL
3	GEORGINI, MICHAEL J.	D	HWY 301 SO., P.O. BOX 26	OXFORD, FL.
4				
5				
6				

Registered Agent Information

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

8. Name and Address of New Registered Agent
 Name: _____
 Street Address (Include P.O. Box Number): _____
 City, State and Zip Code: _____

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors or other governing body.

I hereby accept the appointment of registered agent I am familiar with and accept the obligations of Section 607.035 F.S.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

\$3.00 additional fee required for Registered Agent changes.

10. I Certify That I Am An Officer of the Corporation. The Signatures of Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. (Officer signing must be in blue or black ink.)

Signature: *Michael J. Georgini* Date: _____

Typed Name of Signing Officer: _____ Title: _____ Telephone Number: _____


11. Should you desire a certificate of status check the box: CERTIFICATE OF STATUS DESIRED

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT 1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

113 APR - 27 1987

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

715459 4
HERNANDO-SUNTER COMMUNITY ACTION AGENCY
715 U. S. 41 SOUTH
P. O. BOX 896
BROOKSVILLE, FL 33512

2. Enter Change of Address of Corporation Principal Office (If P. O. Box Number Again, NO Change)

Street Address of
8055 Kennedy Boulevard
P. O. Box No. 896
P. O. Box 896
City and State of
Brooksville, Florida
Zip Code of
34298-0896

Please verify address is correct. Entry valid after the correct address in item 1 is made. Zip Code

3. Date incorporated or Qualified To Do Business in Florida 10/25/1968

4. Federal Employer Identification Number (EIN) 59-1233202

5. Date of Last Report 04/03/1985

6. Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Type	Street Address of Each Officer and Director (If P. O. Box, Use Post Office Box Number)	City and State
ELCAB, L. D. Deceased	P	802 STATE ROAD 50 EAST	BROOKSVILLE, FL
GRADY, ALMA T.	S	3407 HWY 50 WEST	BROOKSVILLE, FL
GEORGINI, MICHAEL J.	D	HWY 301 SO., P. O. BOX 26	OXFORD, FL.
Fish, Frank	P	3600 U. S. 41 North	Brooksville, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD, FL. 32534

8. Name and Address of New Registered Agent

Name of
Street Address (If Not Use P. O. Box Number)
City and State of
FL.

9. Pursuant to the provisions of sections 607.04 and 607.05, Florida Statutes, the undersigned corporation, in compliance with the laws of the State of Florida, hereby makes statement for the purpose of changing its registered agent to supersede the report on this form filed with the State of Florida. Such change was authorized by the board of directors of the corporation and is hereby approved by the undersigned. The undersigned hereby certifies that the person named herein as the new registered agent is qualified to act as such agent under the provisions of section 607.04, Florida Statutes.

10. SIGNATURE (Registered Agent Accepting Appointment) DATE

\$20 Additional fee required for Registered Agent change.

11. The undersigned hereby certifies that the person named herein as the new registered agent is qualified to act as such agent under the provisions of section 607.04, Florida Statutes. The undersigned hereby certifies that the person named herein as the new registered agent is qualified to act as such agent under the provisions of section 607.04, Florida Statutes.

Signature *Michael J. Georgini* Title Executive Director

904-796-1425

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$3 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Johnson
Governor of State
DIVISION OF CORPORATIONS

COUNTY AND CITY OF INCORPORATION

Dead End (See Instructions on Other Side Before Making Entries)
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation (Include Zip Code)

715459
HERNANDO-SUNTER COMMUNITY ACTION AGENCY
8088 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE, FL. 34208-7896

2. Other Change of Address of Corporation (Print and Zip Code) (Not to be used if no change of address)

3. State of Incorporation

4. Date of Last Report

5. Date of Report
04.03.1988

6. Date of Report (Month/Day/Year) 10/25/1988
7. Federal Employer Identification Number (EIN) 59-1235202
8. State of Report (FL)

Name of Officer	Title	Street Address (Include Zip Code)	City and State
FISH, FRANK	P	3600 U.S. 41 NORTH	BROOKSVILLE, FL.
GRADY, ALMA T.	S	3407 HWY 50 WEST	BROOKSVILLE, FL.
GEORGINE, MICHAEL J.	1/D	HWY 301 S.O. P.O. BOX 26	ONFORD, FL.

REGISTERED AGENT INFORMATION

Name and Address of Registered Agent
GEORGINE, MICHAEL J.
HIGHWAY 301 SOUTH
ONFORD, FL. 32284

9. State of Registered Agent (FL)
10. Date of Report (Month/Day/Year)
11. Date of Report (Month/Day/Year)

\$3.00 additional fee required for Registered Agent changes.

12. Signature of Executive Director
Michael J. Georgine
Michael J. Georgine
Executive Director
February 20, 1987
204-796-1425

13. Additional Fee required for a Certificate of Status

Charter Number Only.

715459

D I S S O L U T I O N
O N L Y

Requestor's Name

Address

City State ZIP Phone

CORPORATION(S) NAME

05/31/98 00163 007
 NON PROFIT AMENDMENT
 AMENDMENT 15.00
 =====
 TOTAL 15.00

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Pick Up | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Will Wait | <input type="checkbox"/> Mail Out | |

Name	SD
Address	SD
City	SD
State	SD
Zip	SD
Phone	SD
Registration	SD
Signature	SD

Caroline



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

June 20, 1988

Eunice M. Neville
P.O. Box 896
Brooksville, FL 34298-7896

SUBJECT: HERNANDO-SUMTER COMMUNITY ACTION AGENCY
Reference: 715459

Dear Ms. Neville:

We have received your document for the above corporation and your check(s) totaling \$15.00. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., INCORPORATED, INC., COMPANY, CO.

If you have further questions concerning the filing of your document, please call (904) 487-6902.

Stacy DeHart
Document Examiner
Amendment Section

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION

Pursuant to the provision of Chapter 617, Florida Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: The name of the corporation is:

HERNANDO SUMTER COMMUNITY ACTION AGENCY, INC.

SECOND: The following amendment(s) to the articles of incorporation was (were) adopted by the corporation: To change the name of the agency to:

MED FLORIDA COMMUNITY SERVICES, INC.

FILED
MAY 10 1988
HERNANDO COUNTY, FLORIDA

THIRD: The amendment(s) was (were) adopted by the Board of Directors on the 10th day of May, 19 88.

FOURTH: The above amendment(s) was (were) approved by a majority of the members of the corporation on the 10th day of May, 19 88.

Dated May 10, 19 88

Hernando Sumter Community Action Agency

Corporation Name

By Erica M. Truitt
President or Vice President

By Alma P. Raddy
Secretary or Assistant Secretary

STATE OF FLORIDA

COUNTY OF Alameda

Before me, the undersigned authority, personally appeared Ernest M. Neville, to me well known to be the person(s) who executed the foregoing articles of amendment to articles of incorporation and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19th day of May, 19 88.

Christine Gold Litten
Notary Public

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1988 JUL 20 10 10 29

Filing Fee of \$25 Required -- Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office
715459
HERNANDO-SUMTER COMMUNITY ACTION AGENCY
8055 KENNEDY BLVD.
P.O. BOX 696
BROOKSVILLE, FL. 34268-1725

2. Enter Change of Address of Corporation Principal Office. P.O. Box Not for Address NOT Sufficient

Street Address 31
P.O. Box No. 32
City and State 33
Zip Code 34

(Address address if incorrect in any way within the current address in Section 2, include 2-D Code)

3. Date Incorporated or Qualified to do business in Florida: 10/25/1969
4. Federal Employer Identification Number (FEIN): 59-1235202
5. Date of Last Report: 03/18/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4
Names of Officers and Directors	Street Address of Each Officer and Director	City and State	
1. FISH, FRANK	F/O 3600 U.S. 41 NORTH	BROOKSVILLE, FL.	
2. GRANDY, ALMA T.	S/O 3407 HWY 50 WEST	BROOKSVILLE, FL.	
3. GEORGINI, MICHAEL J.	E/O HWY 301 SO., P.O. BOX 26	OXFORD, FL.	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of Former Registered Agent

Street Address (Do NOT use P.O. Box Number) _____
City and State _____ Zip Code 65

9. Pursuant to the provisions of Sections 607.04 and 607.05, Florida Statutes, the above named corporation (incorporated under the laws of the State of Florida) submits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____ and the undersigned hereby accepts the appointment of registered agent in compliance with and subject to the provisions of Sections 607.04 and 607.05.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. Is a foreign corporation (state with attached business in Florida) _____

11. I Certify That I Am an Officer or Director of the Corporation, the President or Federal Employer to Execute This Report as Required by Chapter 607 FS. I Declare Under Penalty of Perjury that My Signature on This Report is True and Correct. (Officer or Director Signature must be typed in Block)

Signature: *Michael J. Georgini* Date: 6/13/88
Typed Name of Signing Officer or Director: Michael J. Georgini Title: Executive Director Telephone Number: 904-796-1435

12. Should you desire a certificate of status, check the box

CERTIFICATE OF STATUS DESIRED

55 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FOR FILING IN THIS OFFICE

1989 JUL 20 10 50

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office
715459 4
MID FLORIDA COMMUNITY SERVICES, INC.
8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE, FL. 34605-0896

2. Party Changing or Address of Corporation Principal Office
P.O. Box Number (None if Not Applicable)
City and State (If Not Applicable)
P.O. Box Number
City and State (If Not Applicable)

3. Date of Incorporation in Florida 10/25/1968
4. Federal Employer Identification Number 59-1235202
5. State of Incorporation 07/20/1988

Category	Name of Officer or Director	Street Address (If Not Applicable)	City and State
P/D	FISH, FRANK	3600 U.S. 41 NORTH	BROOKSVILLE, FL.
S/D	GRADY, ALMA T.	3407 HWY 50 WEST	BROOKSVILLE, FL.
R/D	GEORGINI, MICHAEL J.	HWY 301 SO., P.O. BOX 26	OXFORD, FL.

REGISTERED AGENT INFORMATION

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

6. Any change in the principal office of the corporation since the last annual report shall be reported on this form. If the principal office has changed, the corporation shall file a new annual report with the Department of State within 30 days of the change. If the principal office has not changed, the corporation shall file a new annual report with the Department of State within 30 days of the date of the report.

7. All changes in the principal office of the corporation shall be reported on this form. If the principal office has changed, the corporation shall file a new annual report with the Department of State within 30 days of the change. If the principal office has not changed, the corporation shall file a new annual report with the Department of State within 30 days of the date of the report.

Michael J. Georgini
Executive Director
904-796-1425

\$5 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
1990 MAR 28 AM 10 37
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office
715459 4
ZIP + 4 PRESORT
MID FLORIDA COMMUNITY SERVICES, INC.
8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE, FL. 34605-0896

If Address in Boxes 1-4 is changed in any way, enter the correct name and below P.O. Box number, address, and city and state. The NAME of the corporation must be typed in Box 1.
Street Address
P.O. Box No.
City and State

1. Date of Filing	10/25/1988	2. Filing Fee	59-1235202
3. Name and Street Address of Each Officer and Director	Name of Officer or Director		
4. City and State	City and State		
P/D	FISH, FRANK	3600 U.S. 41 NORTH	BROOKSVILLE, FL.
S/D	GRADY, ALMA T.	3407 HWY 50 WEST	BROOKSVILLE, FL
E/D	GEORGINI, MICHAEL J.	HWY 301 SO., P.O. BOX 26	OXFORD, FL.

REGISTERED AGENT INFORMATION

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

Print and mail this form to the Secretary of State, Department of State, 1000 North Florida Avenue, Tallahassee, Florida 32304. If you are filing this form by mail, you must also send a check for the filing fee to the same address. If you are filing this form in person, you must also bring a check for the filing fee to the same address. If you are filing this form by mail, you must also send a copy of this form to the registered agent.

Signature of Michael J. Georgini
Michael J. Georgini
Executive Director
904-796-1425

\$5 Annual Fee
required for a
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

HAZ7/91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #715459 (4)**
ZIP + 4 - PRESORT
MID FLORIDA COMMUNITY SERVICES, INC.
8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE, FL. 34605-0896

2. If address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.
21 Street Address
22 P.O. Box No.
23 City and State
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date incorporated or Qualified To Do Business in Florida: **10/25/1968** 4. FEI Number: **59-1235202**
FEI Number Applied For: **\$8.75 Additional Fee required for a Certificate of Status**
FEI Number Not Applicable: **CERTIFICATE OF STATUS DESIRED**

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or 1, 2, 3 to cover over incorrect information)

1. Title	2. Names of Officers and Directors	3. Street Address (Do NOT use P.O. Box for Director)	4. City and State
P/D	FISH, FRANK	3600 U.S. 41 NORTH	BROOKSVILLE, FL.
S/D	GRADY, ALMA T.	3407 HWY 50 WEST	BROOKSVILLE, FL.
E/D	GEORGINI, MICHAEL J.	HWY 301 SO., P.O. BOX 26	OXFORD, FL.

REGISTERED AGENT INFORMATION

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

8. Signature (Required Agent Approval)
Michael J. Georgini DATE: **4/17/91**

9. I certify that the information reported on this annual report or supplement thereto is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the holder of the stock or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that I am not a minor, an incompetent person, or an individual who is a bankrupt.

10. I certify that the information reported on this annual report or supplement thereto is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the holder of the stock or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that I am not a minor, an incompetent person, or an individual who is a bankrupt.

11. Type Name of Signing Officer or Director: **Michael J. Georgini** Title: **Executive Director** Telephone Number: **904 796-1425**

FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status.

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST!

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
In Brief
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SECRETARY OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25. Make Payable To: Secretary of State.

2. Name and Mailing Address of Corporation: **DOCUMENT # 715459 (4)**
MID FLORIDA COMMUNITY SERVICES, INC.
8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE FL 34605-0896

3. If Agent on Block 7 is incorrect in any way, the filer may file a new certificate and send for the duplicate forms below, P.O. Box 648, Tallahassee. The NAME of the corporation can be changed only by filing an amendment.

21. Mailing Address
22. P.O. Box No.
23. City and State
24. Zip Code

3. Date the Corporation is Qualified to Do Business in Florida: **10/25/1968**

4. Filing Date: **05/22/1991**
5. Filing Fee: **59-1235202**
6. Filing Fee Applicable For: **\$8.75 Additional Fee required for a Certificate of Status**

1	2	3	4
2/D	FISH, FRANK	3600 U.S. 41 NORTH	BROOKSVILLE, FL.
S/D	GRADY, ALMA T.	3407 HWY 50 WEST	BROOKSVILLE, FL.
E/D	GEORGINI, MICHAEL J.	HWY 301 SO., P.O. BOX 26	OXFORD, FL.
P/D	NEVILLE, EUNICE M.	S. Courney Road 453 P. O. Box 915	Lake Panasoffkee, Fl.
V/D	MOULTON, KAREN	7348 Broad Street	Brooksville, Fl.
S/D	FLOYD, IRA BELLE	1572 E. Jefferson Street	Brooksville, Fl.

REGISTERED AGENT INFORMATION

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

Michael J. Georgini

SIGNATURE

Michael J. Georgini

Michael J. Georgini

Executive Director

6/12/92
904 796-1425

File Now Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
19th Street
Secretary of State
DIVISION OF CORPORATIONS

FILED

1993 MAY -1 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. NAME AND MAILING ADDRESS OF CORPORATION DOCUMENT # 715459 (4)
MID FLORIDA COMMUNITY SERVICES, INC.
8055 KENNEDY BLVD.
P.O. BOX 898
BROOKSVILLE FL 34605-0898

DO NOT WRITE IN THIS SPACE

3. Date of Report (or 12/31)	3a. Date of this Report
10/25/1968	07/15/1992
4. File Number	Appeared for
591235202	Not Applicable
5. Corporation of Subject Report	\$8.75 Additional Fee Retained
6. Payment Method (see instructions)	\$5.00 May Be Added to Fees
7. Reason for Filing (see instructions)	\$138.75 Supplemental Fee Not Required
8. Has Corporation been dissolved or administrator appointed?	
9. Status of Report	

FILING FEE \$200.00	ANNUAL REPORT \$61.35 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	
2. Mailing Address	23. Preparation of Report
21	26
22	27
23	28
24	29
25	30

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

10. Name and Address of New Registered Agent	81. Name
	82. Mailing Address
	83. State
	84. City
	85. Zip
	86. County

11. Signature of Officer or Director
Michael J. Georini 2/22/93

12. Name and Address of Officer or Director	13. Title
P/D NEVILLE, EUNICE W S COUNTY RD 453 POB 715 LAKE PANASOFFKEE FL	
V/D MOULTON, KAREN 7349 BROAD ST BROOKSVILLE FL	
E/D GEORGINI, MICHAEL J. HWY 301 SO. P.O. BOX 26 OXFORD FL	
S/D FLOYD, IRA BELLE 1572 E JEFFERSON ST BROOKSVILLE FL	

SIGNATURE *Michael J. Georini*

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

94 APR 15 AM 6:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name: **IND. FLORIDA COMMUNITY SERVICES, INC.**
DOCUMENT # **715459 (4)**

Mailing Address: **8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE FL 34805-7896**
Principal Place of Business: **8055 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE FL 34805-7896**

2. Mailing Address: **820**
2a. Principal Place of Business: **8055 KENNEDY BLVD.**

2b. City & State: **Brooksville, FL**
2c. Country: **USA**

2d. State: **FL**
2e. Country: **USA**

2f. City: **Brooksville**
2g. State: **FL**
2h. Country: **USA**

3. Date incorporated or created: **10/25/1968**
3a. Date of last report: **05/01/1993**

4. FEI Number: **58-1235202**
Applied For: Not Applicable

5. Certificate of Status: **80.75 Additional Fee Prepared**
6. Creation of new fund contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit Exempt from 5136 Tax Supplemental Fee:
8. The corporation has liability for intangible tax under 19.017(2)(b) 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:
81. Name:
82. Street Address (P.O. Box Number is Not Applicable):
83. City:
84. State: **FL** Zip Code:

11. Pursuant to the provisions of Sections 607.0602 and 607.1201 or Sections 607.0601 and 607.1201, Florida Statutes, the above named corporation hereby certifies that for the purpose of changing or registering other or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors or members, about the appointment of its registered agent, ten business days and about the corporation of Section 607.0602 or 607.1201, Florida Statutes.

SIGNATURES: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.01 NAME	P/D NEVILLE, EUNICE M
12.02 STREET ADDRESS	S COUNTY RD 453 POB 715
12.03 CITY/STATE	LAKE PANASOFFKEE FL
12.04 NAME	V/D MOULTON, KAREN
12.05 STREET ADDRESS	7348 BROAD ST.
12.06 CITY/STATE	BROOKSVILLE FL
12.07 NAME	E/D GEORGINI, MICHAEL J.
12.08 STREET ADDRESS	HWY 301 SO, P.O. BOX 26
12.09 CITY/STATE	OXFORD FL
12.10 NAME	S/D FLOYD, IRA BELLE
12.11 STREET ADDRESS	1572 E JEFFERSON ST
12.12 CITY/STATE	BROOKSVILLE FL

13. DIRECTORS (SEE FEI FILED IN SECTION 11)

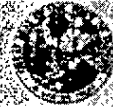
13.01 NAME	
13.02 STREET ADDRESS	
13.03 CITY/STATE	
13.04 NAME	
13.05 STREET ADDRESS	
13.06 CITY/STATE	
13.07 NAME	
13.08 STREET ADDRESS	
13.09 CITY/STATE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY/STATE	

14. I, the undersigned, have received the information supplied with this filing of statement, prepared and signed by the entity, the information is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: *Michael J. Georgini* Michael J. Georgini 904-796-1425
OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morimoto
Secretary of STATE
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

55-11-11 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715459 (4)

MID FLORIDA COMMUNITY SERVICES, INC.

Principal Place of Business

Mailing Address

3025 KENNEDY BLVD.
P.O. BOX 896
BROOKSVILLE FL 34405-7896

302 KENNEDY BLVD
P.O. BOX 896
BROOKSVILLE FL 34405-7896
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
10/25/1968	04/15/1994
4. FEI Number	Applied For
59-1235202	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 190.022 Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	22. Mailing Address
23. State, Art. #, etc.	24. State, Art. #, etc.
25. City & State	26. City & State
27. Country	28. Country
29. Zip	30. Zip

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 if Not Applicable)

B3.

B4. City

FL 85 Zip Code

I, the undersigned, in the presence of Sections 607.0600 and 607.1575, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 hereby withdrawing and ceasing the operations of Section 607.0600, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD NEVILLE, FUNICE M. S COUNTY RD 452 POK 715 LAKE PANASOFFKEE FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12 NAME	
CITY-STATE-ZIP		13 STREET ADDRESS	
PHONE		14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MOULTON, KAREN 7348 BROAD ST BROOKSVILLE FL	15 NAME	
STREET ADDRESS		16 STREET ADDRESS	
CITY-STATE-ZIP		17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ED GEORGINI, MICHAEL J. HWY 301, SO. P.O. BOX 28 OXFORD FL	18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-STATE-ZIP		20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD FLOYD, IRA BELLE 1572 E JEFFERSON ST BROOKSVILLE FL	21 NAME	
STREET ADDRESS		22 STREET ADDRESS	
CITY-STATE-ZIP		23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE-ZIP		26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27 NAME	
STREET ADDRESS		28 STREET ADDRESS	
CITY-STATE-ZIP		29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. This Secretary hereby certifies the information supplied with this report is accurate, complete and does not apply for the exemption stated in Section 119.02(3)(b), Florida Statutes. Further, I 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 and that I am an officer or director of the corporation or the receiver or trustee authorized to execute the report as required by Chapter 617, Florida Statutes, and that my name appears with Section 119.02(3)(b) on an attachment with an address.

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

SECRETARY AND TRUSTEES OR LIMITED PARTNER OF AN OFFICER OR DIRECTOR