

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717115 (0)  
1. Corporation Name  
**COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.**



Principal Place of Business: 226 S. 6TH & WOOD AVENUE, P.O. BOX 998, HAINES CITY FL 33845-0998  
Mailing Address: 226 S. 6TH & WOOD AVENUE, P.O. BOX 998, HAINES CITY FL 33845-0998

3. Date Incorporated or Qualified: 09/09/1969  
3a. Date of Last Report: 03/27/1995  
4. FEI Number: 59-1366144  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: FLOWERS, OWEN, 706 CHURCH AVENUE, HAINES CITY FL 33844

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: OWEN FLOWERS (Signature) Owen Flowers Exec. Dir. 2/29/96 (Typed Name and Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOKES, JEANNETTE	1.2 NAME	
STREET ADDRESS	1012 E. LEONE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MAYBELLE	2.2 NAME	
STREET ADDRESS	815 PRADO GRANDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MARY	3.2 NAME	
STREET ADDRESS	W. STATE ROAD #547	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUKES, JANE C.	4.2 NAME	
STREET ADDRESS	915 HILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, GLENN (COL.)	5.2 NAME	
STREET ADDRESS	2780 W. LAKE HAMILTON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	ED	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, OWEN	6.2 NAME	
STREET ADDRESS	706 CHURCH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	6.4 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 119.07(3)(k), 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: Jane C. Jukes (JANE C. JUKES) Treasurer 2/29/96 941-422-3660

CR2E037 (12/95)