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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 03/08/1996
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWERS, OWEN
706 CHURCH AVENUE
HAINES CITY FL 33844

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 to 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 ED Owen Flowers 3/10/97

Table with 12 columns for Officers and Directors, including fields for Title, Name, Street Address, City, State, and Zip. Includes handwritten entries for Mabelle F. Myers.

14. I do 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 Part 12 or Part 13 if changed, or on an attachment with an address.

SIGNATURE: Jane C. Jukes Jane C. Jukes 3/10/97

CR2E037 (9/96)