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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	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

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. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

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-STATE-ZIP	HAINES CITY FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MAYBELLE	2.2 NAME	VPD Mabelle F. MYERS, MAYBELLE
STREET ADDRESS	815 PRADO GRANDE	2.3 STREET ADDRESS	815 Prado Grande
CITY-STATE-ZIP	HAINES CITY FL	2.4 CITY-STATE-ZIP	Haines City, FL 33844
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-STATE-ZIP	DAVENPORT FL	3.4 CITY-STATE-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-STATE-ZIP	HAINES CITY FL	4.4 CITY-STATE-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-STATE-ZIP	WINTER HAVEN FL	5.4 CITY-STATE-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-STATE-ZIP	HAINES CITY FL	6.4 CITY-STATE-ZIP	

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)