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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717115

1. Corporation Name
COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.

Principal Place of Business 226 S. 6TH & WOOD AVE. HAINES CITY FL 33844 US	Mailing Address P.O. BOX 998 P.O. BOX 998 HAINES CITY FL 33845-0998 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/09/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1366144
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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: *[Signature]* DATE: 2-9-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOKES, JEANNETTE	1.2 NAME	AAmbelle Myers, Mabelle
STREET ADDRESS	1012 E. LEONE DR.	1.3 STREET ADDRESS	815 Prado Grande
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	Haines City FL 33844
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, MABELLE F	2.2 NAME	Armstrong, Linda
STREET ADDRESS	815 PRADO GRANDE	2.3 STREET ADDRESS	40 Greenwood Lane
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Haines City FL 33844
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, MARY	3.2 NAME	Swain, Irma
STREET ADDRESS	W. STATE ROAD #547	3.3 STREET ADDRESS	PO Box 65
CITY-ST-ZIP	DAVENPORT FL	3.4 CITY-ST-ZIP	Haines City FL 33845
TITLE	TD <input type="checkbox"/> DELETE	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	ED <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, OWEN	5.2 NAME	
STREET ADDRESS	706 CHURCH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/8/99 DAYTIME PHONE #: 941-422-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)