

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90003 010 ****61.25

DOCUMENT # 717115
 1. Entity Name
COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.



Principal Place of Business *21 SOUTH 2ND STREET* Mailing Address
226 S. 6TH & WOOD AVE. P.O. BOX 998
HAINES CITY, FL 33844 US P.O. BOX 998
HAINES CITY, FL 33845-0998 US

00003011



06222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1366144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB <i>PRESIDENT/DIRECTOR</i> MCCLASHON, HUGH REV- JEANNETTE STOKES PO BOX 3033 <i>1012 LEONE DR</i> HAINES CITY, FL 33844 <i>HAINES CITY, FL 33844</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- <i>VICE PRESIDENT/DIRECTOR</i> MYERS, MABELLE F <i>ROBERT CRABBS</i> 645 PRADO GRANDE <i>427 FLORIDA AVE</i> HAINES CITY, FL <i>PO BOX 430</i> <i>LOUGHMAN, FL 33845</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWAIN, IRMA <i>2776 LAKE HAMILTON DRIVE WEST</i> PO BOX 65 HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <i>TREASURER/DIRECTOR</i> THOMPSON, BOB <i>CHARLES SECORD</i> 789 DUFFER LANE <i>114 PALM PLACE</i> POINGIANA, FL 34769 <i>HAINES CITY, FL 33844</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED FLOWERS, OWEN 706 CHURCH AVENUE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, SHARON 112 GRAHAM PARK DR. HAINES CITY, FL 33844

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannette Stokes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/05 (863) 422-3660
Date Daytime Phone #