

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 050 ****61.25



DOCUMENT # 717115				1. Entity Name COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.	
Principal Place of Business		Mailing Address			
21 SOUTH 2ND STREET HAINES CITY FL 33844 US		P.O. BOX 998 HAINES CITY FL 33845-0998 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1366144	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FLOWERS, OWEN 706 CHURCH AVENUE HAINES CITY FL 33844				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
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 <i>Owen Flowers</i>		SIGNATURE <i>Owen Flowers</i>		DATE <i>4/4/07</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASEY, CAROL	NAME			
STREET ADDRESS	1701 COMMERCE AVE, # 70	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRABBS, ROBERT	NAME			
STREET ADDRESS	427 FLORIDA AVE, P.O. BOX 430	STREET ADDRESS			
CITY-ST-ZIP	LONGMAN FL 33845	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWAIN, IRMA	NAME	Weed, Julie		
STREET ADDRESS	2776 LAE HAMILTON DRIVE WEST	STREET ADDRESS	1701 Commerce Ave # 63		
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	Haines City, FL 33844		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SECORD, CHARLES	NAME	Wallace, Jackie		
STREET ADDRESS	114 PALM PLACE	STREET ADDRESS	6624 Westchester Dr.		
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP	Winter Haven, FL 33811		
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOWERS, OWEN	NAME			
STREET ADDRESS	706 CHURCH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL	CITY-ST-ZIP			
TITLE	CS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOWERS, MERCEDES	NAME			
STREET ADDRESS	706 CHURCH AV E	STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL 33844	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Owen Flowers* *Owen Flowers* (863)422-3660