

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745923 (3)**  
1. Corporation Name  
**MULBERRY COMMUNITY SERVICE CENTER, INC.**



Principal Place of Business  
**301 NE 5TH ST  
MULBERRY FL 33860**

Mailing Address  
**301 NE 5TH ST  
MULBERRY FL 33860**

3. Date Incorporated or Qualified  
**02/13/1979**

3a. Date of Last Report  
**02/22/1995**

4. FEI Number  
**59-1896141**

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  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

9. Name and Address of Current Registered Agent

**HATHAWAY, JACK  
3045 DOVE LANE  
MULBERRY FL 33860**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D SMITH, JOHNNIE B.**

STREET ADDRESS **1004 S.E. 2ND ST.**

CITY-ST-ZIP **MULBERRY, FL 00000**

TITLE  DELETE

NAME **P GREEN, CHARLES**

STREET ADDRESS **2730 CAROLINA AVE.**

CITY-ST-ZIP **LAKELAND FL**

TITLE  DELETE

NAME **V MORRISON, RICK**

STREET ADDRESS **1145 COLONY ARMS DR.**

CITY-ST-ZIP **LAKELAND FL**

TITLE  DELETE

NAME **D HATHAWAY, JACK**

STREET ADDRESS **3045 DOVE LANE**

CITY-ST-ZIP **MULBERRY FL**

TITLE  DELETE

NAME **S SATCHEL, FRANK**

STREET ADDRESS **806 S.E. 3RD ST.**

CITY-ST-ZIP **MULBERRY, FL 00000**

TITLE  DELETE

NAME **D MACEY, ROBERT**

STREET ADDRESS **1836 PINNACLE DR.**

CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D**  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **P**  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **V**  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles H. Greene* **Charles H Greene** 2/1/96 (941) 686-2279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)