

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715459

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC8884095687**

**Entity Name:** MID FLORIDA COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

820 KENNEDY BOULEVARD  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

P.O. BOX 896  
BROOKSVILLE, FL 34605-7896 US

**FEI Number:** 59-1235202

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GEORGINI, MICHAEL J.  
HWY 301 SO.  
BOX 26  
OXFORD, FL 32684 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BLACKMON, TOMMY  
Address 106 N. OSCEOLA AVENUE  
City-State-Zip: INVERNESS FL 34450

Title CEO  
Name GEORGINI, MICHAEL J  
Address HWY 301 SO.  
City-State-Zip: OXFORD FL 34434

Title SECRETARY  
Name NOMAN VACHA, JENNENE  
Address 23139 RATTLER LANE  
City-State-Zip: BROOKSVILLE FL 34601

Title VC  
Name CHILDERS, DOUG  
Address P.O. BOX 491636  
City-State-Zip: LEESBURG FL 34749

Title CFO  
Name BATES, KRIS J CPA  
Address 820 KENNEDY BOULEVARD  
City-State-Zip: BROOKSVILLE FL 34601

Title COO  
Name KEELEEN, PATRICIA  
Address 820 KENNEDY BOULEVARD  
City-State-Zip: BROOKSVILLE FL 34601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRIS J. BATES

CFO

01/16/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date