

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 745923

**Entity Name:** MULBERRY COMMUNITY SERVICE CENTER, INC.

**Current Principal Place of Business:**

1392 NORTH CHURCH AVE.  
MULBERRY, FL 33860

**Current Mailing Address:**

1392 NORTH CHURCH AVE.  
MULBERRY, FL 33860 US

**FEI Number:** 59-1896141

**Certificate of Status Desired:** No

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

DAVIS, TARREL  
1392 NORTH CHURCH AVE.  
MULBERRY, FL 33860 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:** TARREL DAVIS

05/12/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name DAVIS, TARREL  
Address 310 NORTH PERRY AVENUE  
City-State-Zip: FORT MEADE FL 33841

Title DIRECTOR  
Name CHILDS, ALICE  
Address 205 NW 4TH AVE.  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR, PRESIDENT  
Name RYDBERG, DEBORAH  
Address 2485 COLONEL FORD DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name DEMPSEY, ANNETTE  
Address 398 NORTHWEST 9TH AVENUE  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name STOTTLEMYER, PAT  
Address 111 WEST BADCOCK BLVD  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR, TRESURER  
Name LANE, BRIAN  
Address 1400 EAST CANAL STREET  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR, VP  
Name ALESSANDRONI, MARK  
Address 3385 SUMMERLAND HILLS LOOP  
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR  
Name TAYLOR, JULIE  
Address 707 SOUTHEAST 3RD STREET  
City-State-Zip: MULBERRY FL 33860

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*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:** TARREL DAVIS

05/12/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ANDERSON, CHARLES  
Address        2795 N 10TH  
City-State-Zip: HAINES CITY FL 33844

Title            DIRECTOR  
Name            HILL, NATHANIEL B  
Address        306 S.W. 2ND AVE.  
City-State-Zip: MULBERRY FL 33860