

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745923

**FILED
Mar 26, 2015
Secretary of State
CC1304746279**

Entity Name: MULBERRY COMMUNITY SERVICE CENTER, INC.

Current Principal Place of Business:

301 NE 5TH ST
MULBERRY, FL 33860

Current Mailing Address:

301 NE 5TH ST
MULBERRY, FL 33860

FEI Number: 59-1896141

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORDON, MICHAEL
301 N. E. 5TH STREET
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: MICHAEL GORDON

03/26/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HIGHT, ROSE M.
Address 407 NW 6TH TERRACE
City-State-Zip: MULBERRY FL 33860

Title VICE PRESIDENT
Name GIBERTI, JANICE C.
Address 3380 FLAMINGO LANE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name JACKSON, ELNORA C
Address 211 GREENWOODS DR.
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name SMITH, COLLINS L.
Address 601 NW 2ND ST.
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name TILLIS JR., RICHARD H.
Address 626 JESSANDA CIRCLE
City-State-Zip: LAKELAND FL 33813

Title BASIC NEEDS MANAGER
Name GORDON, MICHAEL
Address 4614 GROVECREST DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name FRENCH, SHERRY A.
Address 3405 PEACOCK LANE
City-State-Zip: MULBERRY FL 33860

Title DIRECTOR
Name CHILDS, ALICE
Address 205 NW 4TH AVE.
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: MICHAEL E. GORDON

BASIC NEEDS MANAGER 03/26/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MATHES, NICK
Address 4327 CREEKGLEN LANE
City-State-Zip: MULBERRY FL 33860