

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007771

Entity Name: COMMUNITY INTEGRATION SERVICES, INC.

Current Principal Place of Business:

16249 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756

Current Mailing Address:

16249 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 UN

FEI Number: 84-2641727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TURMAN, KILEY D
16249 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756 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 D
Name KILLEN, ANITA R
Address 2525 WALNUT HEIGHTS ROAD
City-State-Zip: APOPKA FL 32703

Title D
Name KANDLE, CLINTON M
Address P.O. BOX 195631
City-State-Zip: WINTER SPRINGS FL 32719

Title D
Name VINCENT, RICK
Address 16831 BAY AVENUE
City-State-Zip: MONTVERDE FL 34756

Title D
Name LIEBI, WARD
Address 632 MEADOW PARK DRIVE
City-State-Zip: MINNEOLA FL 34715

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: KILLEN , ANITA R

PD

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date