

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