FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:12

DOCUMENT # 717115 (0)

1. Corporation Name

COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.

Principal Place of Business	Mailing Address
226 S. 6TH & WOOD AVENUE P.O. BOX 998 HAINES CITY FL 33845-0998	226 S. 6TH & WOOD AVENUE P.O. BOX 998 HAINES CITY FL 33845-0998

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1969
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1366144 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLOWERS, OWEN
706 CHURCH AVENUE
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Owen Flowers 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STOKES, JEANNETTE	12 NAME	
STREET ADDRESS	1012 E. LEONE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MYERS, MAYBELLE	22 NAME	
STREET ADDRESS	815 PRADO GRANDE	23 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MARY	32 NAME	
STREET ADDRESS	W. STATE ROAD #547	33 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	JUKES, JANE C.	42 NAME	
STREET ADDRESS	915 HILL DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FLEMING, GLENN (COL.)	52 NAME	
STREET ADDRESS	2780 W. LAKE HAMILTON DR	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	
TITLE	ED	61 TITLE	☐ Change ☐ Addition
NAME	FLOWERS, OWEN	62 NAME	
STREET ADDRESS	706 CHURCH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane C. Jukes, Treasurer Jane C. Jukes 3/13/95 813-422-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone Number

0057006