

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717115 (0)

1. Corporation Name

COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNT
Y, INC.

Principal Place of Business

226 S. 6TH & WOOD AVENUE
P.O. BOX 998
HAINES CITY FL 33845-0998

Mailing Address

226 S. 6TH & WOOD AVENUE
P.O. BOX 998
HAINES CITY FL 33845-0998



3. Date Incorporated or Qualified
09/09/1969

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1366144

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWERS, OWEN
706 CHURCH AVENUE
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

OWEN FLOWERS

Owen Flowers Exec. Dir. 2/29/96

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
NAME STOKES, JEANNETTE
STREET ADDRESS 1012 E. LEONE DR.
CITY-ST-ZIP HAINES CITY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MYERS, MAYBELLE
STREET ADDRESS 815 PRADO GRANDE
CITY-ST-ZIP HAINES CITY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME COLLINS, MARY
STREET ADDRESS W. STATE ROAD #547
CITY-ST-ZIP DAVENPORT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME JUKES, JANE C.
STREET ADDRESS 915 HILL DRIVE
CITY-ST-ZIP HAINES CITY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FLEMING, GLENN (COL.)
STREET ADDRESS 2780 W. LAKE HAMILTON DR
CITY-ST-ZIP WINTER HAVEN FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ED
NAME FLOWERS, OWEN
STREET ADDRESS 706 CHURCH AVENUE
CITY-ST-ZIP HAINES CITY FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 (JANE C. JUKES) Treasurer 2/29/96 941-422-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)