


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90078 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717115					
1. Corporation Name COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.					
Principal Place of Business 226 S. 6TH & WOOD AVE. HAINES CITY FL 33844 US			Mailing Address P.O. BOX 998 P.O. BOX 998 HAINES CITY FL 33845-0998 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/09/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1366144	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 2-9-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STOKES, JEANNETTE			1.2 NAME	Mabelle Myers, Mabelle		
STREET ADDRESS	1012 E. LEONE DR.			1.3 STREET ADDRESS	815 Prado Grande		
CITY-ST-ZIP	HAINES CITY FL			1.4 CITY-ST-ZIP	Haines City FL 33844		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MYERS, MABELLE F			2.2 NAME	Armstrong, Linda		
STREET ADDRESS	815 PRADO GRANDE			2.3 STREET ADDRESS	40 Greenwood Lane		
CITY-ST-ZIP	HAINES CITY FL			2.4 CITY-ST-ZIP	Haines City FL 33844		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLLINS, MARY			3.2 NAME	Swain, Irma		
STREET ADDRESS	W. STATE ROAD #547			3.3 STREET ADDRESS	PO Box 65		
CITY-ST-ZIP	DAVENPORT FL			3.4 CITY-ST-ZIP	Haines City FL 33845		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUKES, JANE C.			4.2 NAME			
STREET ADDRESS	915 HILL DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			4.4 CITY-ST-ZIP			
TITLE	ED	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLOWERS, OWEN			5.2 NAME			
STREET ADDRESS	706 CHURCH AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	HAINES CITY FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE 2/8/99 DAYTIME PHONE # 941-422-3660

CR2E037 (11/98)