

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717115

1. Entity Name

COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FLOWERS, OWEN
706 CHURCH AVENUE
HAINES CITY FL 33844

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Owen Flowers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, LINDA	
STREET ADDRESS	40 GREENWOOD LN	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MYERS, MABELLE F	
STREET ADDRESS	815 PRADO GRANDE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWAIN, IRMA	
STREET ADDRESS	PO BOX 65	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUKES, JANE C.	
STREET ADDRESS	915 HILL DRIVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FLOWERS, OWEN	
STREET ADDRESS	706 CHURCH AVENUE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Hugh McClashon	
STREET ADDRESS	PO Box 3033	
CITY-ST-ZIP	Haines City FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANE C. JUKES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2001 863-422-3660
Date Daytime Phone #

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90307 009 ****61.25

725060



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)