

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2005 8:00 am**  
**Secretary of State**

06-30-2005 90003 010 \*\*\*\*61.25

**DOCUMENT # 717115**

1. Entity 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**

00003011



06222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1366144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**FLOWERS, OWEN -  
706 CHURCH AVENUE  
HAINES CITY, FL 33844**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>VB</b>	<b>PRESIDENT/DIRECTOR</b>
NAME <b>MCCLASHON, HUGH REV- JEANNETTE STOKES</b>	
STREET ADDRESS <b>PO BOX 3033</b>	<b>1012 LEONE DR</b>
CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	<b>HAINES CITY, FL 33844</b>
TITLE <b>PD-</b>	<b>VICE PRESIDENT/DIRECTOR</b>
NAME <b>MYERS, MABELLE F</b>	<b>ROBERT CRABBS</b>
STREET ADDRESS <b>615 PRADO GRANDE</b>	<b>427 FLORIDA AVE</b>
CITY-ST-ZIP <b>HAINES CITY, FL</b>	<b>PO BOX 430 LOUGHMAN, FL 33845</b>
TITLE <b>SD</b>	
NAME <b>SWAIN, IRMA</b>	<b>2776 LAKE HAMILTON DRIVE WEST</b>
STREET ADDRESS <b>PO BOX 65</b>	
CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	
TITLE <b>T</b>	<b>TREASURER/DIRECTOR</b>
NAME <b>THOMPSON, BOB</b>	<b>CHARLES SECORD</b>
STREET ADDRESS <b>789 DUFFER LANE</b>	<b>114 PALM PLACE</b>
CITY-ST-ZIP <b>POINCIANA, FL 34769</b>	<b>HAINES CITY, FL 33844</b>
TITLE <b>ED</b>	
NAME <b>FLOWERS, OWEN</b>	
STREET ADDRESS <b>706 CHURCH AVENUE</b>	
CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	
TITLE <b>D</b>	
NAME <b>GARDNER, SHARON</b>	
STREET ADDRESS <b>112 GRAHAM PARK DR.</b>	
CITY-ST-ZIP <b>HAINES CITY, FL 33844</b>	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/27/05 (863) 422-3660**  
Date Daytime Phone #