


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90168 050 ****61.25

DOCUMENT # 717115 1. Entity Name COMMUNITY SERVICE CENTER OF NORTHEAST POLK COUNTY, INC.						
Principal Place of Business 21 SOUTH 2ND STREET HAINES CITY FL 33844 US			Mailing Address P.O. BOX 998 HAINES CITY FL 33845-0998 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 59-1366144		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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.						
<div style="display: flex; justify-content: space-between;"> <div> X SIGNATURE <i>Owen Flowers</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <i>Owen Flowers</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <i>4/4/07</i> <small>DATE</small> </div> </div>						
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete CASEY, CAROL 1701 COMMERCE AVE, # 70 HAINES CITY FL 33844			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <input type="checkbox"/> Delete CRABBS, ROBERT 427 FLORIDA AVE, P.O. BOX 430 LONGMAN FL 33845			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD <input checked="" type="checkbox"/> Delete SWAIN, IRMA 2776 LAE HAMILTON DRIVE WEST HAINES CITY FL 33844			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	SD Weed, Julie 1701 Commerce Ave #63 Haines City, FL 33844	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input checked="" type="checkbox"/> Delete SECORD, CHARLES 114 PALM PLACE HAINES CITY FL 33844			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	TD Wallace, Jackie 6624 Westchester Dr. Winter Haven, FL 33811	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED <input type="checkbox"/> Delete FLOWERS, OWEN 706 CHURCH AVENUE HAINES CITY FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CS <input type="checkbox"/> Delete FLOWERS, MERCEDES 706 CHURCH AV E HAINES CITY FL 33844			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 exemptions contained in Section 119, 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: *Owen Flowers* *Owen Flowers* (863)422-3660