

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90182 042 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1366144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

SIGNATURE *Owen Flowers*

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

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLASHON, HUGH REV	
STREET ADDRESS	PO BOX 3033	
CITY-ST-ZIP	HAINES CITY FL 33844	
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 checked="" 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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB THOMAS	
STREET ADDRESS	909 DUFFER LANE	
CITY-ST-ZIP	POINCIANA, FL 34759	
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: *OWEN FLOWERS* SIGNATURE REQUIRED *OWEN FLOWERS* 2-24-03

CR2E037 (10/02)