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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719680** **(1)**

1. Corporation Name

FLORENCE VILLA NEIGHBORHOOD SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
608 AVENUE S N E P O BOX 3311-FVS WINTER HAVEN FL 33881	608 AVENUE S N E P O BOX 3311-FVS WINTER HAVEN FL 33881-1738

3. Date Incorporated or Qualified: **11/12/1970**
3a. Date of Last Report: **02/13/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: **06-0003331** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, GLENDA W
608 AVE S N E
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, III. U.J.		1.2 NAME	
STREET ADDRESS	560 LAKE MAUDE DRIVE N.E.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAREY, EDWIN		2.2 NAME	
STREET ADDRESS	1290 HOWARD TERRACE, NW		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, EDYTHE		3.2 NAME	
STREET ADDRESS	P.O. BOX 3516- 507 AVENUE T, NE		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JOEL		4.2 NAME	
STREET ADDRESS	200 AVENUE F, NE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BIRDSONG, JR. NATHANIEL		5.2 NAME	
STREET ADDRESS	P.O. BOX 247 NA		5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PERKINS, JAMES		6.2 NAME	
STREET ADDRESS	2116 EDWIN		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

941-294-5860

SIGNATURE: James M Perkins Comptroller Treasurer 3/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054669