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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90067 021 ****61.25

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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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/12/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 06-0003331 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 P	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 V	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 S	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 Tr	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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: James PERKINS SIGNATURE REQUIRED James M Perkins 1-7-99 941 294-5860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #