

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90127 039 ****61.25

DOCUMENT # 719680

1. Entity Name

FLORENCE VILLA NEIGHBORHOOD SERVICE CENTER,
INC.



Principal Place of Business

608 AVENUE S N E
P O BOX 3311-FVS
WINTER HAVEN FL 33881

Mailing Address

608 AVENUE S N E
P O BOX 3311-FVS
WINTER HAVEN FL 33881

2404JUL



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-0003331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JOHNSON, III. U.J.
STREET ADDRESS 560 LAKE MAUDE DRIVE N.E.
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CAREY, EDWIN
STREET ADDRESS 1290 HOWARD TERRACE, NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HUNTER, EDYTHE
STREET ADDRESS P.O. BOX 3516-507 AVENUE T, NE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME THOMAS, JOEL
STREET ADDRESS 200 AVENUE F, NE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BIRDSONG, JR. NATHANIEL
STREET ADDRESS P.O. BOX 247 NA
CITY-ST-ZIP AUBURNDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☐ Delete
NAME PERKINS, JAMES
STREET ADDRESS 2116 EDWIN
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ Change ☐ 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:

James M Perkins James M Perkins 3-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #