2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 719680

1. Entity 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

05022006 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, III. U.J.
STREET ADDRESS	560 LAKE MAUDE DRIVE N.E.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	CAREY, EDWIN
STREET ADDRESS	1290 HOWARD TERRACE, NW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	SD
NAME	HUNTER, EDYTHE
STREET ADDRESS	P.O. BOX 3516- 507 AVENUE T, NE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	THOMAS, JOEL
STREET ADDRESS	200 AVENUE F, NE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	BIRDSONG, JR. NATHANIEL
STREET ADDRESS	P.O. BOX 247 NA
CITY-ST-ZIP	AUBURNDALE, FL
TITLE	TR
NAME	PERKINS, JAMES
STREET ADDRESS	2116 EDWIN
CITY-ST-ZIP	WINTER HAVEN, FL

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05/20/06-80055-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: James M Perkins James M Perkins TR 5-9-06 863 2939383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #