

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719680

FILED
Aug 14, 2009
Secretary of State

Entity Name: FLORENCE VILLA NEIGHBORHOOD SERVICE CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

608 AVENUE S N E
WINTER HAVEN, FL 33881

Current Mailing Address:

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

New Mailing Address:

608 AVENUE S N E
WINTER HAVEN, FL 33881

FEI Number: 06-0003331 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, III. U.J.
Address: 560 LAKE MAUDE DRIVE N.E.
City-St-Zip: WINTER HAVEN, FL

Title: VD () Delete
Name: CAREY, EDWIN
Address: 1290 HOWARD TERRACE, NW
City-St-Zip: WINTER HAVEN, FL

Title: SD () Delete
Name: HUNTER, EDYTHE
Address: P.O. BOX 3516- 507 AVENUE T, NE
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: THOMAS, JOEL
Address: 200 AVENUE F, NE
City-St-Zip: WINTER HAVEN, FL

Title: D () Delete
Name: BIRDSONG, JR. NATHANIEL
Address: P.O. BOX 247 NA
City-St-Zip: AUBURNDAL, FL

Title: TR () Delete
Name: PERKINS, JAMES
Address: 2116 EDWIN
City-St-Zip: WINTER HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA W JONES

MRS

08/14/2009

Electronic Signature of Signing Officer or Director

Date