

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90451 036 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-0003331**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE: **JAMES M. PERKINS** TREASURER **2603863-2945860**

CR2E037 (10/02)