

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766505** (2)
1. Corporation Name
MILLS END COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business Mailing Address
NINTH AVE. NINTH AVE.
P.O. BOX 2709 P.O. BOX 2709
ARCADIA FL 33821 ARCADIA FL 33821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/11/1983** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-2852073** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BRINSON, JAMES
PO BOX 1265
(9TH AVENUE MILLS END)
ARCADIA FL 33821

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstated) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TS
NAME	LOBACQUE, MARILYN
STREET ADDRESS	1226 SE NINTH AVE.
CITY - ST - ZIP	ARCADIA FL
TITLE	P
NAME	BURNS, INA MARIE
STREET ADDRESS	1168 S.E. 7TH AVE.
CITY - ST - ZIP	ARCADIA FL
TITLE	V
NAME	PORTER, LEROY
STREET ADDRESS	1112 S.E. 8TH AVE.
CITY - ST - ZIP	ARCADIA FL
TITLE	S
NAME	LOBACQUE, MARILYN
STREET ADDRESS	1226 S.E. NINTH AVE.
CITY - ST - ZIP	ARCADIA FL
TITLE	D
NAME	SMITH, ROBERT
STREET ADDRESS	1113 S.E. 8TH AVE.
CITY - ST - ZIP	ARCADIA FL
TITLE	D
NAME	PEASE, RALPH
STREET ADDRESS	8TH AVE MILLS END
CITY - ST - ZIP	ARCADIA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LA ROCQUE, MARILYN
1.3 STREET ADDRESS	1226 NINTH AV SE
1.4 CITY - ST - ZIP	ARCADIA FL 33821
2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEVINE, VINCENT
2.3 STREET ADDRESS	1092 S E 8 AV
2.4 CITY - ST - ZIP	ARCADIA FL 33824
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARBARA RAWLINGS
3.3 STREET ADDRESS	1151 S E 7 AV
3.4 CITY - ST - ZIP	ARCADIA FL 33821
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BURNS, INA MARIE
4.3 STREET ADDRESS	1168 SE 7TH AVE
4.4 CITY - ST - ZIP	ARCADIA FL 33821
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE: Vincent B Devine APRIL 24 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VINCENT B DEVINE 813 993 4172