

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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: **NINTH AVE. P.O. BOX 2709 ARCADIA FL 33821**
Mailing Address: **NINTH AVE. P.O. BOX 2709 ARCADIA FL 33821**

3. Date Incorporated or Qualified: **01/11/1983**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	59-2852073	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	33821	DESOTO	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRINSON, JAMES PO BOX 1265 (9TH AVENUE MILLS END) ARCADIA FL 33821		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: MARILYN LAROCQUE TREASURER 4/3/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA ROCQUE, MARILYN	1.2 NAME	FRANK BOEHM
STREET ADDRESS	1226 NINTH AVE, SE	1.3 STREET ADDRESS	1169 S.E. 8TH AVE
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	ARCADIA, FL. 33821
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, DEVINE	2.2 NAME	MARILYN LAROCQUE
STREET ADDRESS	1092 SE 8TH AVE	2.3 STREET ADDRESS	1226 S.E. 9TH AVE
CITY-ST-ZIP	ARCADIA FL	2.4 CITY-ST-ZIP	ARCADIA, FL. 33821
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINGS, BARBARA	3.2 NAME	
STREET ADDRESS	1151 SE 7TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, INA M	4.2 NAME	
STREET ADDRESS	1168 SE 7TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT	5.2 NAME	
STREET ADDRESS	1113 S.E. 8TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, RALPH	6.2 NAME	
STREET ADDRESS	8TH AVE MILLS END	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn LaRocque, Treasurer 4/3/96 (941) 494-9344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)