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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address NINTH AVE. P.O. BOX 2709 ARCADIA FL 34265-2709 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 01/11/1983	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2852073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOEHNI, FRANK	
STREET ADDRESS	1169 SE 8TH AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAROCQUE, MARILYN	
STREET ADDRESS	1226 SE 9TH AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RAWLINGS, BARBARA	
STREET ADDRESS	1151 SE 7TH AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, INA M	
STREET ADDRESS	1168 SE 7TH AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROBERT	
STREET ADDRESS	1113 S.E. 8TH AVE.	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEASE, RALPH	
STREET ADDRESS	8TH AVE MILLS END	
CITY-ST-ZIP	ARCADIA FL	

13. ~~ADDITIONAL~~ CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCCLEAVE, TERRY	
1.3 STREET ADDRESS	1172 S.E. 9TH AVE	
1.4 CITY-ST-ZIP	ARCADIA, FL 34266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALKER, NADINE	
3.3 STREET ADDRESS	1236 S.E. 8TH AVE	
3.4 CITY-ST-ZIP	ARCADIA, FL 34266	
4.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WIGHT, BILL	
4.3 STREET ADDRESS	1189 S.E. 8TH AVE	
4.4 CITY-ST-ZIP	ARCADIA, FL 34266	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEVINE, VINCENT	
5.3 STREET ADDRESS	1092 S.E. 8TH AVE	
5.4 CITY-ST-ZIP	ARCADIA, FL 34266	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]* 4/9/97

CR2E037 (9/96)