


FILE NOW: FILING FEE IS \$61.25

Due 5

FILED

Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
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, US
Mailing Address: NINTH AVE. P.O. BOX 2709, ARCADIA FL 33821, US

3. Date Incorporated or Qualified: 01/11/1983
4. FEI Number: 59-2852073
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BRINSON, JAMES, PO BOX 1285, (9TH AVENUE MILLS END), ARCADIA FL 33821

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCCLEAVE, TERRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1172 SE 9TH AVE	1.2 NAME	
STREET ADDRESS	ARCADIA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T LAROQUE, MARILYN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1228 SE 9TH AVE	2.2 NAME	
STREET ADDRESS	ARCADIA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S WALKER, NADINE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1236 SE 8TH AVE	3.2 NAME	
STREET ADDRESS	ARCADIA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WIGHT, BILL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1189 SE 8TH AVE	4.2 NAME	
STREET ADDRESS	ARCADIA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D DEVINE, VINCENT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1092 SE 8TH AVE	5.2 NAME	
STREET ADDRESS	ARCADIA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PEASE, RALPH	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8TH AVE MILLS END	6.2 NAME	
STREET ADDRESS	ARCADIA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.0 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Frank Bohm* 3-12-98 941-993-3474

CR2E037 (10/97)