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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766505

1. Corporation Name

MILLS END COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business NINTH AVE. P.O. BOX 2709 ARCADIA FL 33804 34265

Mailing Address

NINTH AVE, P.O. BOX 2709 ARCADIA FL 33821 34245 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



City & State City & State 28 City & State 5. Certificate of Status Desired Fee Required Zip Country Country Country Country 6. Election Campaign Financing \$5.00 May Re	2. Principal Place of Business 2a. Mailing Address				-	- 3. Date Incorporated or Qualified				
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9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Surest Address (P.O. Box Number is Not Acceptable) 15. City 16. City 17. Pursuant to the provision of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation aubmits this attatement for the purpose of changing its registered agent. In a finite with, and accept the children of 17,0502 florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In a finite with, and accept the children of 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In a finite with, and accept the children of 17,0503, Florida Statutes. 16. City 17. Pursuant to the provision of Section of 17,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In a finite with a finite with a finite with a corporation's board of directors. I hereby accept the appointment as registered agent. In a finite with a finite	Zip	Country Zip Cou			1	6. Ele	ection Campaign Financing	\$5.00	May Be	
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	14. I hereby o	ARCAUIA FL	this filing does not qualify for th			in Section 11	9 07/3/(i) Florida Statutas I furbor o	artify that the	normation .	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am at 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, with all other like empowered.

SIGNATURE:

1/18/99