

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90011 029 ****61.25

0086197

DOCUMENT # 766505

1. Entity Name

MILLS END COMMUNITY SERVICES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**NINTH AVE.
 P.O. BOX 2709
 ARCADIA FL 34265
 US**

**NINTH AVE.
 P.O. BOX 2709
 ARCADIA FL 34265
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852073

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRINSON, JAMES
 PO BOX 1265
 (9TH AVENUE MILLS END)
 ARCADIA FL 33821**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | BOEHM, FRANK | |
| STREET ADDRESS | 1169 SE 8TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | VITALI, JEAN | |
| STREET ADDRESS | 1200 SE 9TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | LAROCQUE, MARILYN | |
| STREET ADDRESS | 1226 SE 9TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | DEPNER, ROBERT | |
| STREET ADDRESS | 1102 SE 7TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 32466 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEVINE, ASSENETH | |
| STREET ADDRESS | 1092 SE 8TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 32466 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHAEFER, CHARLOTTE | |
| STREET ADDRESS | 1161 SE 8TH AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |

| | | |
|----------------|-------------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EUNICE BOURDELAIS | |
| STREET ADDRESS | 1188 S.E. 8TH AVE | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICKI SCHLABACH | |
| STREET ADDRESS | 1151 SE. 7TH AVE. | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARILYN LAROCQUE | |
| STREET ADDRESS | 1226 S.E. 9TH AVE | |
| CITY-ST-ZIP | ARCADIA, FL. 34266 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marilyn LaRocque, Pres.* **3/21/02** **863-494-9344**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE