

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 766505

FILED  
Sep 30, 2005  
Secretary of State

Entity Name: MILLS END COMMUNITY SERVICES ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2852073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BOURDELAIS, EUNICE  
1188 SE 8TH AVENUE  
ARCADIA, FL 34266 US

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: BOURDELAIS, EUNICE      09/30/2005  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: BOURDELAIS, EUNICE  
Address: 1188 SE 8TH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: PD (X) Delete  
Name: VITALI, JEAN  
Address: 1200 SE 9TH AVE  
City-St-Zip: ARCADIA, FL 34266

Title: S ( ) Delete  
Name: FLEGLE, SHERRY  
Address: 1219 SE 9TH AVE  
City-St-Zip: ARCADIA, FL 34266

Title: T (X) Delete  
Name: LAROCQUE, MARILYN  
Address: 1226 SE 9TH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete  
Name: DEVINE, ASSENETH  
Address: 1092 SE 8TH AVE  
City-St-Zip: ARCADIA, FL 32466

Title: D (X) Delete  
Name: SCHAEFER, CHARLOTTE  
Address: 1161 SE 8TH AVE  
City-St-Zip: ARCADIA, FL 34266

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOURDELAIS, EUNICE  
Address: 1188 SE 8TH AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: FLEGLE, SHERRY  
Address: 1219 SE 9TH AVE  
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOURDELAIS, EUNICE      P      09/30/2005  
Electronic Signature of Signing Officer or Director      Date