

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 029 ****61.25

DOCUMENT # 766505

1. Entity Name
MILLS END COMMUNITY SERVICES ASSOCIATION, INC.



40057746



Principal Place of Business
**NINTH AVE.
P.O. BOX 2709
ARCADIA, FL 34265 US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2852073

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired -- **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARILYN NAUTA**

Street Address (P.O. Box Number is Not Acceptable)
1226 S.E. 9th AVE

City **ARCADIA** FL Zip Code **34266**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Nauta* DATE **4/13/06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOURDELAIS, EUNICE	
STREET ADDRESS	1188 SE 8TH AVENUE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FLEGLE, SHERRY	
STREET ADDRESS	1219 SE 9TH AVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bonville, Gabby	
STREET ADDRESS	1219 SE 7th Ave	
CITY-ST-ZIP	Arcadia	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bourdelaiss, Joanne	
STREET ADDRESS	1168 SE 8th Ave	
CITY-ST-ZIP	Arcadia, Fl. 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	Linda, Suggs	
STREET ADDRESS	1113 SE 9th Ave	
CITY-ST-ZIP	Arcadia, Fl.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourdelaiss, Eunice	
STREET ADDRESS	1188 SE 8th Avenue	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Flegle, Sherry	
STREET ADDRESS	1219 SE 9th Ave	
CITY-ST-ZIP	Arcadia, Fl.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suggs, Buddy	
STREET ADDRESS	1113 SE 9th Ave	
CITY-ST-ZIP	Arcadia, Fl.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Devine, Asseneth	
STREET ADDRESS	1092 SE 8th Ave	
CITY-ST-ZIP	Arcadia, Fl.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourdelaiss, Howie	
STREET ADDRESS	1168 SE 8th Ave	
CITY-ST-ZIP	Arcadia, Fl.	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roskey, Kay	
STREET ADDRESS	1169 SE 8th Ave	
CITY-ST-ZIP	Arcadia	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sherry Flegle* **Sherry Flegle, treasure** DATE: **April 19, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-494-6872