


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # 766505

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



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

DO NOT WRITE IN THIS SPACE



02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-2852073 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSKEY, KATHERINE
 1169 SE 8TH AVE
 ARCADIA, FL 34266

DO NOT WRITE IN THIS SPACE

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 *Katherine Roskey* (NOTE: Registered Agent signature required when reinstating) DATE *4/6/08*

Filing Fee is \$61.25
Due by May 1, 2008

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

1100000388270
 04/22/08-R0130-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURDELAIS, EUNICE 1188 SE 8TH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSKEY, KATHERINE 1169 SE 8TH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAYBORN, GAIL SE 9TH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLABACK, IVAN SE 7TH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIVINE, ASSENEETH SE 8TH AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Katherine Roskey* DATE: *4-6-08* DAYTIME PHONE #: *863-558-1462*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR