


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90138 019 ****61.25

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**

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

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

City & State
City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2852073**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE: *Marilyn LaRocque, Treas.* *Marilyn LaRocque* *4/29/03*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	BOURDELAIS, EUNICE	
STREET ADDRESS	1188 SE 8TH AVENUE	
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	SCHLABACH, VICKI	
STREET ADDRESS	1151 SE 7TH AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAROCQUE, MARILYN	
STREET ADDRESS	1226 SE 9TH AVENUE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVINE, ASSENEETH	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY FLEGLE	
STREET ADDRESS	1219 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		
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, Treas.* *Marilyn LaRocque*

CR2E037 (10/02)