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May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24307 (3)
1. Corporation Name
CENTRAL FLORIDA COMMUNITY SERVICES, INC.



Principal Place of Business 1111 N.E. 25TH AVE SUITE 201 OCALA FL 34470 US		Mailing Address 1111 N.E. 25TH AVENUE SUITE 201 OCALA FL 34470 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/12/1988		4. FEI Number 10-6564040	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LUCAS, LINDA S 1111 N.E. 25TH AVE SUITE 201 OCALA FL 34470		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	
NAME	WEST, CAROLYN H	1.2 NAME	
STREET ADDRESS	1111 N.E. 25TH AVE STE 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	LUCAS, LINDA S	2.2 NAME	
STREET ADDRESS	4300 S.E. 59TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BECTION, PATRICIA	3.2 NAME	
STREET ADDRESS	7218 S.W. 99TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34476	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

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