

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90012 039 \*\*\*122.50

**DOCUMENT # N97000006859**

1. Corporation Name

**CENTRAL FLORIDA HUMAN SERVICES, INC.**

Principal Place of Business

**1325 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

Mailing Address

**P.O. BOX 1067  
LAKELAND FL 33802-1067  
US**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

3. Date Incorporated or Qualified

**12/10/1997**

4. FEI Number

**59-3481836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**WELCH, J E  
1325 GEORGE JENKINS BLVD.  
LAKELAND FL 33815**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ROBERTS, EUGENE**  
STREET ADDRESS **524 PABLO STREET**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ DELETE  
NAME **POLUNAS, DAVID**  
STREET ADDRESS **2510 NORTH FLORIDA AVENUE**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ DELETE  
NAME **BOYER, STEVE**  
STREET ADDRESS **219 NORTH MASSACHUSETTS AVENUE**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ DELETE  
NAME **SMITH, SHERWOOD**  
STREET ADDRESS **1515 LEIGHTON AVENUE**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ DELETE  
NAME **STEED, PAT**  
STREET ADDRESS **2248 CRYSTAL GROVE LANE**  
CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **D** ☐ DELETE  
NAME **COOPER, BERNICE**  
STREET ADDRESS **POST OFFICE BOX 407**  
CITY-ST-ZIP **LAKELAND FL 33802**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

**EUGENE ROBERTS**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/99 (941)682-8111**

Date

Daytime Phone #

CR2E037 (11/98)