

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719680

Entity Name: NEIGHBORHOOD SERVICE CENTER, INC.**Current Principal Place of Business:**608 AVENUE S N E
WINTER HAVEN, FL 33881**Current Mailing Address:**P.O. BOX 3311
WINTER HAVEN, FL 33885 US**FEI Number: 59-1363593****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, GLENDA W
608 AVE S N E
WINTER HAVEN, FL 33881 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	JOHNSON, III. U.J.
Address	560 SEARS AVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	SD
Name	HUNTER, EDYTHE
Address	P.O. BOX 3516- 507 AVENUE T, NE
City-State-Zip:	WINTER HAVEN FL 33885

Title	D
Name	NIERMAN, STEVE
Address	200 AVE F NE
City-State-Zip:	WINTER HAVEN FL 33881

Title	VD
Name	JONES, BENJAMIN R
Address	2410 N SWAN DRIVE NE
City-State-Zip:	WINTER HAVEN FL 33881

Title	D
Name	HUNTER, MAXIE E
Address	228 COLLEGE GROVE CIRCLE
City-State-Zip:	WINTER HAVEN FL 33881

Title	TR
Name	PERKINS, JAMES
Address	2116 EDWIN ST NE
City-State-Zip:	WINTER HAVEN FL 33881

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONES , BENJAMIN R**VD****02/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date