

2025 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 3602
WINTER HAVEN, FL 33885 US**FEI Number: 59-1363593****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JONES, BENJAMIN R
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: BENJAMIN R. JONES****01/23/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VD
Name	HUNTER, MAXIE VD
Address	228 COLLEGE CREEK CIR
City-State-Zip:	WINTER HAVEN FL 33885

Title	D
Name	MILLS, CALVIN J D
Address	312 AVE X NE
City-State-Zip:	WINTER HAVEN FL 33881

Title	D
Name	TILLMAN, LARRY D
Address	1345 9TH CT NE
City-State-Zip:	WINTER HAVEN FL 33881

Title	TR
Name	BROWN, VERMELL TR
Address	305 AVE X NE
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	POLK, JACKIE
Address	391 AVENUE O NE APT 210
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: BENJAMIN JONES**PRES****01/23/2025**

Electronic Signature of Signing Officer/Director Detail

Date