

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746744

Entity Name: CENTERS RESI-SERV, INC.**Current Principal Place of Business:**11115 N. NEBRASKA AVE.
TAMPA, FL 33612**Current Mailing Address:**11115 N. NEBRASKA AVE.
TAMPA, FL 33612**FEI Number:** 59-1906179**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STONE, HARRIET
115 PHILLIPS DRIVE
SEFFNER, FL 33584 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 SECRETARY
Name DEAN, JAN
Address 18810 RUE LORIE
City-State-Zip: LUTZ FL 33558

Title D
Name ARNOLD, LYNWOOD F
Address 2701 ROCKY POINT DR
City-State-Zip: TAMPA FL 33607

Title P
Name STONE, HARRIET
Address 115 PHILLIPS DR.
City-State-Zip: SEFFNER FL 33584

Title DIRECTOR
Name DEAN, JAN M
Address 18810 RUE LOIRE
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name GREEN, AUTHUR L JR.
Address 13019
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name ITALIANO, JANE
Address 409 PALOMA PLACE
City-State-Zip: TAMPA FL 33679-8383

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: HARRIET STONE**PRESIDENT****01/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date