

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715459

FILED  
Feb 01, 2007  
Secretary of State

**Entity Name:** MID FLORIDA COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

820 KENNEDY BOULEVARD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 896  
BROOKSVILLE, FL 346057896 US

**New Mailing Address:**

**FEI Number:** 59-1235202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGINI, MICHAEL J.  
HWY 301 SO., P.O. BOX 26  
OXFORD, FL 32684 US

**Name and Address of New Registered Agent:**

GEORGINI, MICHAEL J.  
HWY 301 SO.  
BOX 26  
OXFORD, FL 32684 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: \_\_\_\_\_

02/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MOULTON, KAREN  
Address: 661 S. BROAD ST  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ED ( ) Delete  
Name: GEORGINI, MICHAEL J  
Address: HWY 301 SO., P.O. BOX 26  
City-St-Zip: OXFORD, FL 34434

Title: SD ( ) Delete  
Name: LAING, DAVID A  
Address: P.O. BOX 1224  
City-St-Zip: BROOKSVILLE, FL 34605 12

Title: VD ( ) Delete  
Name: CHILDERS, DOUG  
Address: P.O. BOX 491636  
City-St-Zip: LEESBURG, FL 34749

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ED (X) Change ( ) Addition  
Name: GEORGINI, MICHAEL J  
Address: HWY 301 SO.  
City-St-Zip: OXFORD, FL 34434

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. GEORGINI

ED

02/01/2007

Electronic Signature of Signing Officer or Director

Date