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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 APR 24 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **715459** **(4)**

1. Corporation Name

MID FLORIDA COMMUNITY SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8055 KENNEDY BLVD. P.O. BOX 896 BROOKSVILLE FL 34605-7896	820 KENNEDY BLVD P.O. BOX 896 BROOKSVILLE FL 34605-7896 US

3. Date Incorporated or Qualified: **10/25/1968**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-1235202** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GEORGINI, MICHAEL J.
HIGHWAY 301 SOUTH
OXFORD FL 32684

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title, if applicable) (New Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NEVILLE, EUNICE M	12 NAME	
STREET ADDRESS	S COUNTY RD 453 POB 715	13 STREET ADDRESS	
CITY ST ZIP	LAKE PANASOFFKEE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MOULTON, KAREN	22 NAME	
STREET ADDRESS	7348 BROAD ST	23 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	24 CITY ST ZIP	
TITLE	ED	31 TITLE	☐ Change ☐ Addition
NAME	GEORGINI, MICHAEL J.	32 NAME	
STREET ADDRESS	HWY 301 SO.,P.O. BOX 26	33 STREET ADDRESS	
CITY ST ZIP	OXFORD FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FLOYD, IRA BELLE	42 NAME	
STREET ADDRESS	1572 E JEFFERSON ST	43 STREET ADDRESS	
CITY ST ZIP	BROOKSVILLE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Michael J. Georgini — 04/20/95 — 904-796-1425
SIGNATURE AND TYPED OR PRINTED NAME OF WITHIN OFFICER OR DIRECTOR — Date — Daytime Phone #
Michael J. Georgini

0006782