

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715459

Entity Name: MID FLORIDA COMMUNITY SERVICES, INC.**Current Principal Place of Business:**820 KENNEDY BOULEVARD
BROOKSVILLE, FL 34601**Current Mailing Address:**P.O. BOX 896
BROOKSVILLE, FL 34605-7896 US**FEI Number: 59-1235202****Certificate of Status Desired: Yes****Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	BLACKMON, TOMMY
Address	106 N. OSCEOLA AVENUE
City-State-Zip:	INVERNESS FL 34450

Title	SECRETARY
Name	NOMAN VACHA, JENNENE
Address	23139 RATTLER LANE
City-State-Zip:	BROOKSVILLE FL 34601

Title	CFO
Name	BATES, KRIS J CPA
Address	820 KENNEDY BOULEVARD
City-State-Zip:	BROOKSVILLE FL 34601

Title	CEO
Name	GEORGINI, MICHAEL J
Address	HWY 301 SO.
City-State-Zip:	OXFORD FL 34434

Title	VC
Name	CHILDERS, DOUG
Address	P.O. BOX 491636
City-State-Zip:	LEESBURG FL 34749

Title	COO
Name	KEELEEN, PATRICIA
Address	820 KENNEDY BOULEVARD
City-State-Zip:	BROOKSVILLE FL 34601

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: KRIS J. BATES**CFO****01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date