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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(4)

MID	EI ODIDA	COMMUNITY	SERVICES	INC.
MILL	FI UKIIJA		SERVICES	1110

MID FLORIDA COMMUNITY SERVICES, INC.							
Principal Place o	f Business	Mailing Address			( 100)(( 1000) (1)00 ( 1)111 ( 100)		
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 R 05/01/19		
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-1235202	<u> </u>	pplied For ot Applicable
Cuito Ant #	oto	Suite, Apt. #, etc.			F. O. 15t- of Status Decised	<b>\$8.75</b>	Additional
Suite, Apt. #, etc.		27		Certificate of Status Desired			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	Country	<b>28</b>	Country		8. This corporation has liability for in	ntangible tax under s.	199.032,
Z.IP	25	29	30			Yes No	
	9. Name and Address of Curren	t Registered Agent	04]	Al	10. Name and Address of New Re	egistereo Agent	
			, l	Name			
	II, MICHAEL J.		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
	7 301 SOUTH		83				
OXFORD	FL 32684		64	City	<u> </u>	<b> 85</b> Zip	Code
			, ,	City	ation submits this statement for the purp of of directors. I hereby accept the appo	FL   T	
tamillar witi	h, and accept the obligations of, Secti						
GNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (No	OTE: Registereo Agent s	signature recjuirec	t when reinstaing? ADDITIONS/CHANGES 10 OFF		RS IN 12
IGNATURE _		and title if applicable. (No	OTE: Registereo Agent s	signature requirec	a when reinstating: ADDITIONS/CHANGES 10 OFF1		
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SIGNATURE: \_