

**2019 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            | KLINE, MATHEW         |
| 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****01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date