

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715459** (4)

1. Corporation Name

**MID FLORIDA COMMUNITY SERVICES, INC.**

Principal Place of Business

**8055 KENNEDY BLVD.  
P.O. BOX 896  
BROOKSVILLE FL 34805-7896**

Mailing Address

**820 KENNEDY BLVD  
P.O. BOX 896  
BROOKSVILLE FL 34805-7896  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**25** Suite, Apt. #, etc.

**26** City & State

**27** Zip

**28** Country

9. Name and Address of Current Registered Agent

**GEORGINI, MICHAEL J.  
HIGHWAY 301 SOUTH  
OXFORD FL 32684**

3. Date Incorporated or Qualified

**10/25/1968**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
NEVILLE, EUNICE M  
S COUNTY RD 453 POB 715  
LAKE PANASOFFKEE FL**

TITLE ☐ DELETE

**VD  
MOULTON, KAREN  
7348 BROAD ST  
BROOKSVILLE FL**

TITLE ☐ DELETE

**ED  
GEORGINI, MICHAEL J.  
HWY 301 SO., P.O. BOX 26  
OXFORD FL**

TITLE ☒ DELETE

**SD  
FLOYD, IRA BELLE  
1572 E JEFFERSON ST  
BROOKSVILLE FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**SD  
David A. Laing  
1170 Mariner Boulevard  
Spring Hill, FL 34609**

14. I hereby certify that the information supplied with this filing 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 changes are an attachment with an address.

SIGNATURE:



**2/24/98**

**352-796-1425**

CR25037 (10/97)