

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90125 013 \*\*\*\*61.25

**DOCUMENT # 715459**

1. Corporation Name

**MID FLORIDA COMMUNITY SERVICES, INC.**

Principal Place of Business

**820  
KENNEDY BLVD.**

**BROOKSVILLE FL 34605-0896  
34601**

Mailing Address

**820 KENNEDY BLVD.**

**P.O. BOX 896  
BROOKSVILLE FL 34605-0896  
US**



2. Principal Place of Business

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

**22**  
City & State

**23**  
Zip

**24**  
Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

**29**  
Country

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

9. Name and Address of Current Registered Agent

**GEORGINI, MICHAEL J.**

**HIGHWAY 301 SOUTH**

**OXFORD FL 32884 34484**

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

NAME **PD NEVILLE, EUNICE M**

STREET ADDRESS **S COUNTY RD 453 POB 715**

CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ DELETE

NAME **VD MOULTON, KAREN**

STREET ADDRESS **7348 BROAD ST**

CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ DELETE

NAME **ED GEORGINI, MICHAEL J.**

STREET ADDRESS **HWY 301 SO., P.O. BOX 26**

CITY-ST-ZIP **OXFORD FL 34484**

TITLE ☐ DELETE

NAME **SD LAING, DAVID A**

STREET ADDRESS **1170 MARINER BLVD**

CITY-ST-ZIP **SPRING HILL FL 34609**

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

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 of 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, with all other like empowered.

SIGNATURE:

**Michael J. Georgini, EXECUTIVE DIRECTOR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/99**

**(252) 796-1425**

CR2E037 (11/98)