

2025 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:**THE HOGAN LAW FIRM
20 S BROAD STREET
BROOKSVILLE, FL 34601 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 NOMAN VACHA, JENNENE
Address 23139 RATTLER LANE
City-State-Zip: BROOKSVILLE FL 34601

Title VC
Name CHAMPION, STEVE
Address 20 N. MAIN STREET
ROOM 263
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 KLINE, MATHEW
Address 820 KENNEDY BOULEVARD
City-State-Zip: BROOKSVILLE FL 34601

Title CCO
Name HOMAN, STEVE
Address 10430 CLAYMORE STREET
City-State-Zip: SPRING HILL FL 34608

Title SECRETARY, TREASURER
Name MOBLEY, BRENDA
Address 11259 OLD CRYSTAL RIVER ROAD
City-State-Zip: BROOKSVILLE FL 34601

Title CHIEF ADMINISTRATIVE OFFICER
Name BECKER, LISA
Address 4343 BIRT STREET
City-State-Zip: BROOKSVILLE FL 34602

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

01/10/2025

Electronic Signature of Signing Officer/Director Detail

Date