

LE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:29

DOCUMENT # 728559 (6)

1. Corporation Name

**COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY,
INC.**

Principal Place of Business

Mailing Address

621 WILKES AVENUE
ORLANDO FL 32809

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ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/08/1973** 3a. Date of Last Report **03/14/1994**

4. FEI Number **59-1499489** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOBBER, DORRIS
357 HARBOUR ISLAND DR.
ORLANDO FL 32809**

81 Name **Frances Hewitt**
82 Street Address (P.O. Box Number is Not Acceptable) **1634 Wind Harbor Road**
83
84 City **Orlando** FL 85 Zip Code **32809**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Frances Hewitt **Frances Hewitt** DATE **1/31/95**

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

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LYNUM, DAISY**
STREET ADDRESS **445 AMELIA AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD**
NAME **BOBBER, DORRIS**
STREET ADDRESS **357 HARBOUR ISL DR**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PATES, LEE**
2.3 STREET ADDRESS **804 BIG BUCK CIRCLE**
2.4 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE **SD**
NAME **SANDERS, BARBARA**
STREET ADDRESS **519 OSFORD CT**
CITY-ST-ZIP **ORLANDO FL 32803**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S/D MUZZY, VIRGINIA**
3.3 STREET ADDRESS **1309 ANGELINA AVENUE**
3.4 CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **TD**
NAME **MITCHELL, JOE**
STREET ADDRESS **1115 E LIVINGSTON ST**
CITY-ST-ZIP **ORLANDO FL 32803**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **HOLDERBACH, RENEE**
4.3 STREET ADDRESS **3831 GATLIN WOOD DR.**
4.4 CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **VP**
NAME **PATES, LEE**
STREET ADDRESS **804 BIG BUCK CIR.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ISAACSON, PEGGY**
5.3 STREET ADDRESS **1415 JUBAL DRIVE**
5.4 CITY-ST-ZIP **ORLANDO, FL 32818-9070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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, unchanged, or as an attachment with an addressee.

SIGNATURE: Jan Tunnell **Jan Tunnell**

DATE **1/31/95** (407) 851-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Telephone Number)