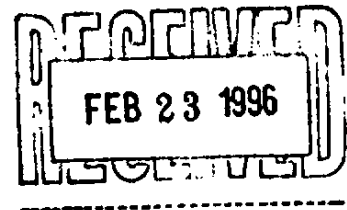


FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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



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

621 WILKES AVENUE
ORLANDO FL 32809



3. Date Incorporated or Qualified

01/08/1973

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO FL 32809

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

(If the Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LYNUM, DAISY	
STREET ADDRESS	445 AMELIA AVE	
CITY-STATE-ZIP	ORLANDO FL 32801	
TITLE	V	☒ DELETE
NAME	PATES, LEE	
STREET ADDRESS	804 BIC BUCK CIRCLE	
CITY-STATE-ZIP	WINTER SPRINGS FL	
TITLE	SD	☐ DELETE
NAME	MUZZY, VIRGINIA	
STREET ADDRESS	1309 ANGELINA AVENUE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	HOLDERBACH, RENEE	
STREET ADDRESS	3831 GATLIN WOOD DR.	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	VP	☒ DELETE
NAME	ISAACSON, PEGGY	
STREET ADDRESS	1415 JUBAL DRIVE	
CITY-STATE-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	D	☒ Change ☐ Addition
12 NAME	Muzzy, Virginia		
13 STREET ADDRESS	1309 Angelina Avenue		
14 CITY-STATE-ZIP	Orlando, Florida 32807		
21 TITLE	Vice President		☒ Change ☐ Addition
22 NAME	Renee Holderbach		
23 STREET ADDRESS	3831 Gatlin Wood Drive		
24 CITY-STATE-ZIP	Orlando, Florida 32812		
31 TITLE	Vice President		☒ Change ☐ Addition
32 NAME	Yolanda Clark		
33 STREET ADDRESS	4919 E. Michigan Ave.		
34 CITY-STATE-ZIP	Orlando, FL 32812		
41 TITLE	Secretary	D	☒ Change ☐ Addition
42 NAME	Daisy Lynum		
43 STREET ADDRESS	411 Rock Lake Dr.		
44 CITY-STATE-ZIP	Orlando, Florida 32805		
51 TITLE	Treasurer	T	☐ Change ☒ Addition
52 NAME	Albert Green		
53 STREET ADDRESS	4279 Fox Hallow Circle		
54 CITY-STATE-ZIP	Casselberry, FL 32707		
61 TITLE			☐ Change ☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE PATES

Executive Director 2-5-96

CR2E037 (12/95)