03041[illegible]-90230-016-$70.00-$70.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90230 016 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 728559

1. Corporation Name

COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY, INC.

280886 - 90063 - 8

Principal Place of Business	Mailing Address
621 WILKES AVENUE ORLANDO FL 32809	621 WILKES AVENUE ORLANDO FL 32809

2. Principal Place of Business (21) —
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26) —
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/08/1973

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

9. Name and Address of Current Registered Agent

HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO FL 32809

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLDERBACH, RENEE		1.2 NAME		
STREET ADDRESS	3821 GATLIN WOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	POPE, CATHY		2.2 NAME	Roberta Thomas (D)	
STREET ADDRESS	3318 HONEYSUCKLE LN		2.3 STREET ADDRESS	6629 Crenshaw Dr.	
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	TT	☒ DELETE	3.1 TITLE	T.	☒ Change ☐ Addition
NAME	MONTANEZ, PATTY		3.2 NAME	Dave DiPerna (D)	
STREET ADDRESS	2393 ORANGE AVE		3.3 STREET ADDRESS	11 So. Lawsona Blvd.	
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	SD	☒ DELETE	4.1 TITLE	Sec.	☒ Change ☐ Addition
NAME	POWERLL, SANJA		4.2 NAME	Frances Hewitt (D)	
STREET ADDRESS	S4417-B SUMMERWALK SQ		4.3 STREET ADDRESS	1634 Wind Harbor Rd.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32809	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-12-98 (407) 851-5920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #