FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 04, 2002 8:00 am Secretary of State DOCUMENT # **N93000004133** 1. Entity Name 08-04-2002 90164 013 ****61.25 HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, IN C. Mailing Address Principal Place of Business 1510 E. COLONIAL DR. 1510 E. COLONIAL DR. #201 W #201 W ORLANDO FL 32803 ORLANDO FL 32803 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3213827 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BLUM, HELAINE M 5104 N ORANGE BLOSSOM TR STE 206 Zip Code ORLANDO FL 32810 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HELAINE M. BLUM STREET ADDRESS STREET ADDRESS 5104 N ORANGE BLOSSOM TR #206 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 tin e DC ☑ Detete TITLE ☐ Change ☐ Addition NAME NAME GORDON, MARILYN STREET ADDRESS STREET ADDRESS 7531 S ORANGE BLOSSOM TR CITY-ST-ZIP CITY - ST - ZIF ORLANDO FL 32809

ORLANDO, FL 32803 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

MAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CHAIR

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME

City-ST-ZIP

CITY-ST-7IP

DAWKINS, DEANNE

599 BABLONICA DR

ORLANDO FL 32807

228 S HUGHEY AVE

LOWERY, WILLIAM

4027 LENOX BLVD

ORLANDO FL 32811

GARNER, VICKI

ORLANDO FL

□ Delete

☐ Delete

☐ Delete

☐ Delete

GARNER, VICKI 434 W. KENNEDY BYD

ORLANDO, FL 32810

EXECUTIVE DIRECTOR

GORDON, MARILYN 1510 E. COLONIAL DR. ST 201-W

7-26.02 407.893-0133

Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

Addition