

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004133

Entity Name: HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**2828 EDGEWATER DRIVE
ORLANDO, FL 32804**Current Mailing Address:**2828 EDGEWATER DRIVE
ORLANDO, FL 32804 US**FEI Number: 59-3213827****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ARE, MARTHA
2828 EDGEWATER DRIVE
ORLANDO, FL 32804 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:** MARTHA ARE, EXECUTIVE DIRECTOR**03/07/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name SUTTON, REBECCA
Address 2828 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title VC, DIRECTOR
Name WYCHE, DONNA
Address 2828 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN, DIRECTOR
Name THOMAS, ANDREW
Address 2828 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title SECRETARY/DIRECTOR
Name TURNER, VALMARIE
Address 2828 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title EXECUTIVE DIRECTOR
Name ARE, MARTHA
Address 2828 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

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: MARTHA ARE**EXEC. DIRECTOR****03/07/2016**

Electronic Signature of Signing Officer/Director Detail

Date