

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004133

Entity Name: HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4065-D L.B. MCLEOD ROAD
ORLANDO, FL 32811**Current Mailing Address:**4065-D L.B. MCLEOD ROAD
ORLANDO, FL 32811 US**FEI Number: 59-3213827****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ARE, MARTHA
4065-D L.B. MCLEOD RD
ORLANDO, FL 32811 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**02/19/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name CHATMON, THOMAS JR.
Address 4065-D L.B. MCLEOD ROAD
City-State-Zip: ORLANDO FL 32811

Title CEO
Name ARE, MARTHA
Address 4065-D L.B. MCLEOD RD
City-State-Zip: ORLANDO FL 32811

Title SECRETARY, DIRECTOR
Name KENNEDY, MATTHEW
Address 4065-D L.B. MCLEOD ROAD
City-State-Zip: ORLANDO FL 32811

Title TREASURER
Name TAYLOR, DOUG
Address 4065 L. B. MCLEOD ROAD
SUITE D
City-State-Zip: ORLANDO FL 32811

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**CEO****02/19/2020**

Electronic Signature of Signing Officer/Director Detail

Date