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FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715688 (8)

1. Corporation Name
COMMUNITY SERVICES NETWORK, INC.



Principal Place of Business 3191 MAGUIRE BLVD. STE.150 ORLANDO FL 32803	Mailing Address 3191 MAGUIRE BLVD. STE.150 ORLANDO FL 32803-3739
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3. Date Incorporated or Qualified 12/10/1968	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1357204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIMONET, WILLIAM
400 N FERNCREEK
ONE DUPONT CENTER
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	GREEN, SYDNEY	
STREET ADDRESS	325 VALERA CT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, MARGARET	
STREET ADDRESS	P O BOX 181250	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, BUD	
STREET ADDRESS	100 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOON, BRYDEN	
STREET ADDRESS	1415 BUCKINGHA, RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FORTSON, ALMA	
STREET ADDRESS	4565 CASSIUS ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGLIN, MARGARET	
STREET ADDRESS	3191 MAGUIRE BLVD. STE. 150	
CITY-ST-ZIP	ORLANDO FL 32803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Green, Sydney	
1.3 STREET ADDRESS	325 Valera Court	
1.4 CITY-ST-ZIP	Winter Park, FL	
2.1 TITLE	DPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ruffier, Joan	
2.3 STREET ADDRESS	1115 Belleaire Circle	
2.4 CITY-ST-ZIP	Orlando, FL	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Canniff-Gilliam, Catherine	
3.3 STREET ADDRESS	ORHCS, 1414 Kuhl Ave.	
3.4 CITY-ST-ZIP	Orlando, FL	
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Larsen, Ray	
4.3 STREET ADDRESS	BETA, 4680 Lake Underhill Road	
4.4 CITY-ST-ZIP	Orlando, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clemmer, Brett A.	
5.3 STREET ADDRESS	3191 Maguire Blvd., Suite 150	
5.4 CITY-ST-ZIP	Orlando, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: **Brett A. Clemmer** *[Signature]* **4/07/97** **(407)897-6465**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016347

CR2E037 (9/96)