

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



3. Date Incorporated or Qualified **12/10/1968** 3a. Date of Last Report **03/21/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1357204</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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 FERNOCREEK  
ONE DUPONT CENTER  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, SYDNEY</b>	1.2 NAME	<b>Green, Sydney</b>
STREET ADDRESS	<b>325 VALERA CT</b>	1.3 STREET ADDRESS	<b>325 Valera Court</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	1.4 CITY-ST-ZIP	<b>Winter Park, FL</b>
TITLE	<b>DVT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DPT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, MARGARET</b>	2.2 NAME	<b>Ruffier, Joan</b>
STREET ADDRESS	<b>P O BOX 181250</b>	2.3 STREET ADDRESS	<b>1115 Belleaire Circle</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>DVT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BREWER, BUD</b>	3.2 NAME	<b>Canniff-Gilliam, Catherine</b>
STREET ADDRESS	<b>100 S. ORANGE AVE.</b>	3.3 STREET ADDRESS	<b>ORHCS, 1414 Kuhl Ave.</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	3.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOON, BRYDEN</b>	4.2 NAME	<b>Larsen, Ray</b>
STREET ADDRESS	<b>1415 BUCKINGHA, RD</b>	4.3 STREET ADDRESS	<b>BETA, 4680 Lake Underhill Road</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORTSON, ALMA</b>	5.2 NAME	<b>Clemmer, Brett A.</b>
STREET ADDRESS	<b>4565 CASSIUS ST</b>	5.3 STREET ADDRESS	<b>3191 Maguire Blvd., Suite 150</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>ANGLIN, MARGARET</b>	6.2 NAME	
STREET ADDRESS	<b>3191 MAGUIRE BLVD. STE. 150</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	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**

4/07/97

(407)897-6465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016347

CR2E037 (9/96)