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**Apr 02 1998 8:00am
Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715688 (8)

1. Corporation Name
COMMUNITY SERVICES NETWORK, INC.



Principal Place of Business Mailing Address

3191 MAGUIRE BLVD. STE.150 ORLANDO FL 32803 **3191 MAGUIRE BLVD. STE.150 ORLANDO FL 32803**

3. Date Incorporated or Qualified
12/10/1968

4. FEI Number
59-1357204

Applied For
Not Applicable

21. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	27. City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMONET, WILLIAM 400 N FERNCREEK ONE DUPONT CENTER ORLANDO FL 32803	81. Name WILLIAM WALKER, PA
	82. Street Address (P.O. Box Number Is Not Acceptable) 250 PARK AVENUE, SOUTH 5th FLOOR
	83. City
	84. City WINTER PARK
	85. Zip Code FL 32790-0880

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: *William Walker* DATE: **3/27/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVT <input type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SYDNEY	1.2 NAME	GREEN, SYDNEY
STREET ADDRESS	325 VALERA CT	1.3 STREET ADDRESS	325 Valera Ct
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL
TITLE	DPT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFFIER, JOAN	2.2 NAME	OTIS, CLARENCE
STREET ADDRESS	1115 BELLEAIRE CIR.	2.3 STREET ADDRESS	Darden Restaurants, Inc. P.O. Box 593330
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32859
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNIFF-GILLIAM, CAHTERINE	3.2 NAME	
STREET ADDRESS	ORHCS, 1414 KUHL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, RAY	4.2 NAME	PATES, LEE
STREET ADDRESS	BETA, 4680 LAKE UNDERHILL RD.	4.3 STREET ADDRESS	CSC, 621 Wilkes Ave
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMER, BRETT A	5.2 NAME	
STREET ADDRESS	3191 MAGUIRE BLVD., STE. 150	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* **Brett A. Clemmer 3-18-98 (407)897-6465**

CR2E037 (10/97)