

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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

84 City

**WINTER PARK**

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/27/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DVT GREEN, SYDNEY**  
STREET ADDRESS **325 VALERA CT**  
CITY-ST-ZIP **WINTER PARK FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **DPT GREEN, SYDNEY**  
1.3 STREET ADDRESS **325 Valera Ct**  
1.4 CITY-ST-ZIP **Winter Park, FL**

TITLE ☒ DELETE  
NAME **DPT RUFFIER, JOAN**  
STREET ADDRESS **1115 BELLELAIRE CIR.**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **DVT OTIS, CLARENCE**  
2.3 STREET ADDRESS **Darden Restaurants, Inc. P.O. Box 593330**  
2.4 CITY-ST-ZIP **ORLANDO, FL 32859**

TITLE ☐ DELETE  
NAME **T CANNIFF-GILLIAM, CAETERINE**  
STREET ADDRESS **ORHCS, 1414 KUHLE AVE.**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **ST LARSEN, RAY**  
STREET ADDRESS **BETA, 4680 LAKE UNDERHILL RD.**  
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **ST PATES, LEE**  
4.3 STREET ADDRESS **CSC, 621 Wilkes Ave**  
4.4 CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE ☐ DELETE  
NAME **D CLEMMER, BRETT A**  
STREET ADDRESS **3191 MAGUIRE BLVD., STE. 150**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (10/97)