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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715688

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



2. Principal Place of Business

21 988 Woodcock Road

2a. Mailing Address

26 988 Woodcock Road

3. Date Incorporated or Qualified

12/10/1968

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 Suite 200

4. FEI Number

59-1357204

Applied For

Not Applicable

City & State

23 Orlando, FL

City & State

28 Orlando, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 32803 25 USA

Zip Country

29 32803 30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALKER, WILLIAM
250 PARK AVE S
5TH FLOOR
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE DELETE

NAME DPT GREEN, SYDNEY
STREET ADDRESS 325 VALERA CT
CITY-ST-ZIP WINTER PARK FL

TITLE DELETE

NAME DVT OTIS, CLARENCE
STREET ADDRESS P.O. BOX 593330
CITY-ST-ZIP ORLANDO FL 32859

TITLE DELETE

NAME T CANNIFF-GILLIAM, CAHTERINE
STREET ADDRESS ORHCS, 1414 KUHL AVE.
CITY-ST-ZIP ORLANDO FL

TITLE DELETE

NAME ST PATES, LEE
STREET ADDRESS CSC, 621 WILKES AVE
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

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D PAZ, AUGUSTINE
988 Woodcock Road, Suite 200
Orlando, FL 32803

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

AUGUSTINE PAZ

2/16/99

(407) 897-6465

Date

Daytime Phone #

CR2E037 (11/98)