

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90057 014 \*\*\*\*61.25

**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**

Suite, Apt. #, etc.

**22 Suite 200**

Suite, Apt. #, etc.

**27 Suite 200**

City & State

**23 Orlando, FL**

City & State

**28 Orlando, FL**

Zip

**24 32803**

Country

**25 USA**

Zip

**29 32803**

Country

**30 USA**

3. Date Incorporated or Qualified

**12/10/1968**

4. FEI Number

**59-1357204**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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 KUHLE 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AUGUSTINE PAZ**

**2/16/99**

**(407) 897-6465**

Date

Daytime Phone #

CR2E037 (11/98)