

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715688

FILED
Apr 28, 2005
Secretary of State

Entity Name: COMMUNITY SERVICES NETWORK, INC.

Current Principal Place of Business:

1940 TRAYLOR BLVD.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1940 TRAYLOR BLVD.
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-1357204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, EL CABREL
1940 TRAYLOR BLVD.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

PAZ, AUGUSTINE
1940 TRAYLOR BLVD.
ORLANDO, FL 32804 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AUGUSTINE PAZ

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MADDOX, PATRICIA
Address: 1870 ALOMA AVE. STE 200
City-St-Zip: WINTER PARK, FL 32789

Title: DT () Delete
Name: BRUNNEL, MARY LOU
Address: UCF, P.O. BOX 163224
City-St-Zip: ORLANDO, FL 32816

Title: DS () Delete
Name: DEYOUNG, PATRICIA
Address: 1940 TRAYLOR BLVD.
City-St-Zip: ORLANDO, FL 32704

Title: D () Delete
Name: HOUGHLAND, BEVERLY
Address: 1099 SHADY LANE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: LINNANE, MARGARET
Address: 2008 BRENGLE AVE.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: MANLEY, ANN
Address: 1940 TRAYLOR BLVD.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CLARKE, PETE
Address: 2100 E. MICHIGAN ST
City-St-Zip: ORLANDO, FL 32806

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LINNANE, MARGARET
Address: 200 E. NEW ENGLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTINE PAZ

RA

04/28/2005

Electronic Signature of Signing Officer or Director

Date