FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

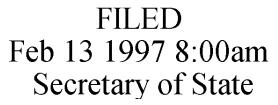
1997

DOCUMENT #
1. Corporation Name

728559

(6)

COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY,





INC.									
Principal Plac	e of Business	Mailing Address				- 10000 1000 1000 1000 1000 1000			
621 WILKES AT ORLANDO FL		621 WILKES AVENUE ORLANDO FL 32809-4238	1		-				
						3. Date Incorporated or Qualified 01/08/1973	3a. Date of La 03/01/	st Report / 1996	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				59-1499489		Not Applicable	
Suite, Apt.	·	Suite, Apt #, etc.				5. Certificate of Status Desired			
City & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution			
Zip	Country Zip Co			intry					
24	25 29 30			Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Address of New Regi	stered Agent		
LICALITY	FDANCEO			01	Name				
	, Frances Ind Harbor Road			82	Street Addre	ss (P.O. Box Number is Not Acceptable	O1/08/1973 C3/01/1996 FEI Number		
ORLAND	OO FL 32809			63	***************************************				
				84	City			Zip Code	
44 D	40-1-017-017	00 047 4500 EL 01		L.,					
office or r agent. La	to the provisions of Sections 617,050 registered agent, or both, in the State am familiar with, and accept the oblig	uz and 617.1508, Florida Statu of Florida. Such change was pations of, Section 617.0503, F	utes, tne ai : authorize · ·lorida Stat	oove- d by t lutes.	named corpo the corporatio	oration submits this statement for the pul on's board of directors. I hereby accept	rpose of change the appointment	ig its registered I as registered	
SIGNATURE									
10	Signature, typed or printed name of registered ag			d Agent	signature required	d when reinstating)		7000 111 10	
12. TITLE	PD OFFICERS AN	ID DIRECTORS DELETE	13.	71 F		ADDITIONS/CHANGES TO OFFICE			
NAME	MUZZY, VIRGINIA		1.1 1				LJ CHAI	de Tayonion	
STREET ADDRESS	1309 ANGELINA AVE		1.2 N/		000000				
CITY+ST-ZIP	ORLANDO FL 32807			TY-ST-	DDRESS				
TITLE	V	☐ DELETE	2.1 Tr		V		K Char	ne Addition	
NAME	HOLDERBACH, RENEE		2.2 N/		Ĥq	olderbach, Renee	ALEX OTHER	go Lagradian	
STREET ADDRESS	804 BIC BUCK CIRCLE				DDRESS 38	831 Gatlin Wood Dr.			
CITY-ST-ZIP	WINTER SPRINGS FL			ITY-ST	Ų,	riando, FL 32012			
TITLE	٧	DELETE	3.1 TI		- V	**************************************	☐ Chan	ge & Addition	
NAME	CLARK, YOLANDA		3.2 N/	AME		obbie Thomas			
STREET ADDRESS	4919 E MICHIGAN AVE		3.3 \$1	reet a			kwy		
CITY-ST-ZIP	ORLANDO FL 32812		3.4. C	ITY-ST	- 2 IP	<u>*</u>			
TITLE	\$D	K COELETE	4.1 70	TLE	SI		Char	ige 🔼 Addition	
NAME	LYNUM, DAISY		4. 2 N	AME	44	417-B Summerwalk Sq.			
STREET ADDRESS	411 ROCK LAKE DR		4.3 \$1	reet ai		rlando, FL 32792			
CITY-ST-ZIP	ORLANDO FL 32805		4.4 CI	TY-ST-					
TITLE	Π	☐ DELETE	5.1 TI	TLE			☐ Char	ge Addition	
NAME	GREEN, ALBERT		5.2 N/	ME	1	•			
STREET ADDRESS	4279 FOX HALLOW CIR		5.3 \$1	REET A	DDRESS				
CITY-ST-ZIP	CASSELBERRY FL 32707	- 1 22: 200		TY-ST-	ZIP				
TITLE		☐ DELETE	6.1 TF				L Chan	ge L Addition	
NAME			6.2 NA						
STREET ADDRESS			6.3 \$1	REET AL	DORESS			•	
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP				

14. I do 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 cath; that I am an officer or director of the corporation or the reserver 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 for on an all achment with an address.

SIGNATURE: