

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728559 (6)

1. Corporation Name

COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY,
INC.

Principal Place of Business

Mailing Address

621 WILKES AVENUE
ORLANDO FL 32809621 WILKES AVENUE
ORLANDO FL 32809-42393. Date Incorporated or Qualified
01/08/19733a. Date of Last Report
03/01/1996

4. FEI Number

59-1499489

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO FL 32809

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MUZZY, VIRGINIA
STREET ADDRESS 1309 ANGELINA AVE
CITY-ST-ZIP ORLANDO FL 328071.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME HOLDERBACH, RENEE
STREET ADDRESS 804 BIC BUCK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Holderbach, Renee
2.3 STREET ADDRESS 3831 Gatlin Wood Dr.
2.4 CITY-ST-ZIP Orlando, FL 32812TITLE V ☒ DELETE
NAME CLARK, YOLANDA
STREET ADDRESS 4919 E MICHIGAN AVE
CITY-ST-ZIP ORLANDO FL 328123.1 TITLE ☐ Change ☒ Addition
3.2 NAME Robbie Thomas
3.3 STREET ADDRESS 3821 N. Lake Orlando Pkwy
3.4 CITY-ST-ZIP Orlando, FL 32808TITLE SD ☒ DELETE
NAME LYNUM, DAISY
STREET ADDRESS 411 ROCK LAKE DR
CITY-ST-ZIP ORLANDO FL 328054.1 TITLE ☐ Change ☒ Addition
4.2 NAME Sanja Powell
4.3 STREET ADDRESS 4417-B Summerwalk Sq.
4.4 CITY-ST-ZIP Orlando, FL 32792TITLE TT ☐ DELETE
NAME GREEN, ALBERT
STREET ADDRESS 4279 FOX HOLLOW CIR
CITY-ST-ZIP CASSELBERRY FL 327075.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-97

Date Daytime Phone # 6017018

CP2E037 (9/96)