

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728559

FILED
Jun 30, 2004
Secretary of State**Entity Name:** COMMUNITY SERVICE CENTER OF SOUTH ORANGE COUNTY, INC.**Current Principal Place of Business:**621 WILKES AVENUE
ORLANDO, FL 32809**New Principal Place of Business:****Current Mailing Address:**621 WILKES AVENUE
ORLANDO, FL 32809**New Mailing Address:****FEI Number:** 59-1499489**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HEWITT, FRANCES
1634 WIND HARBOR ROAD
ORLANDO, FL 32809 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**

Title: VP () Delete
Name: BOWLING, EVELYN
Address: 1456 JULIA LANE
City-St-Zip: ORLANDO, FL 32807

Title: P () Delete
Name: BRACEY, LAVON
Address: 2210 SO RIO GRANDE AVE
City-St-Zip: ORLANDO, FL 32805

Title: SD () Delete
Name: HEWITT, FRANCES
Address: 1634 WIND HARBOR RD.
City-St-Zip: ORLANDO, FL 32809

Title: ED () Delete
Name: PATES, LEE
Address: 621 WILKS AVE
City-St-Zip: ORLANDO, FL 32809

Title: TD () Delete
Name: TAFT, SARA
Address: 1932 SOUTH BLVD.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: TEDDER, MELISSA
Address: 8431 LE MESA STREET
City-St-Zip: ORLANDO, FL 32827

Title: TR (X) Change () Addition
Name: MAINGUTH, GREG
Address: 1201 MELISSA AVE
City-St-Zip: ORLANDO, FL 32807

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

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

Title: P (X) Change () Addition
Name: TAFT, SARA
Address: 1932 SOUTH BLVD.
City-St-Zip: MAITLAND, FL 32751

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: LEE PATES

ED

06/30/2004

Electronic Signature of Signing Officer or Director_____
Date