## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 728559**

FILED Jan 15, 2009 Secretary of State

Entity Name: COMMUNITY SERVICE CENTER OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 621 WILKS AVENUE ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 621 WILKS AVENUE ORLANDO, FL 32809 FEI Number: 59-1499489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEWITT, FRANCES 1634 WIND HARBOR ROAD ORLANDO, FL 32809 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TEDDER, MELISSA TEDDER, MELINDA Name: Name: 8431 LE MESA STREET Address: 8431 LE MESA STREET Address: City-St-Zip: ORLANDO, FL 32827 City-St-Zip: ORLANDO, FL 32827 Title: () Delete Title: () Change () Addition MAINGUTH, GREG Name: Name: Address: 1201 MELISSA AVE Address: City-St-Zip: ORLANDO, FL 32807 City-St-Zip: Title: () Delete Title: () Change () Addition SUMMERS, DIANE Name: Name: 390 N. ORANGE AVE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: ( ) Delete Title: CEO Title: () Change () Addition Name: PATES, LEE Name: Address: 621 WILKS AVE Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: Title: () Delete Title: V-CH ( ) Change (X) Addition DONALDSON, BRIDGETTE Name: Name: 621 WILKS AVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 CEO 01/15/2009