

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728559

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** COMMUNITY SERVICE CENTER OF ORLANDO, INC.

**Current Principal Place of Business:**

2600 TECHNOLOGY DR  
STE 210  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

2600 TECHNOLOGY DR  
STE 210  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-1499489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: CH  
Name: TEDDER, MELINDA  
Address: 8431 LE MESA STREET  
City-St-Zip: ORLANDO, FL 32827

Title: S  
Name: MAINGUTH, GREG  
Address: 1201 MELISSA AVE  
City-St-Zip: ORLANDO, FL 32807

Title: T  
Name: SUMMERS, DIANE  
Address: 390 N. ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801

Title: CEO  
Name: PATES, LEE  
Address: 621 WILKS AVE  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: LINQUIST, SARAH  
Address: 315 EAST ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32802

I hereby 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 all other like empowered.

SIGNATURE: LEE PATES

CEO

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date