

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000001436**

1. Entity Name  
**COMMUNITY SOLUTIONS NETWORK, INC.**



Principal Place of Business  
**2419 N.E. 8TH AVENUE  
 GAINESVILLE, FL 32641**

Mailing Address  
**P. O. BOX 2683  
 GAINESVILLE, FL 32602**



04272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILES HAMILTON, JUANITA  
 2419 N.E. 8TH AVENUE  
 GAINESVILLE, FL 32602**

**DO NOT WRITE  
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Miles Hamilton*

4/28/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MILES HAMILTON, JUANITA
STREET ADDRESS	2419 N. E. 8TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	V
NAME	MCFADDEN, CHERYL
STREET ADDRESS	1534 S.E. 12TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	WILLIAMS, MARY C
STREET ADDRESS	1112 N.W. 7TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	SAMUEL, DERRICK R
STREET ADDRESS	2440 N. W. 54TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	DAYS, OZZIE M
STREET ADDRESS	1112 N. W. 7TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

U000000752423  
 05/21/07-80016-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Miles Hamilton*

4/27/07 3525386502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #