

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/07

DATE

**Filing Fee Is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MILES HAMILTON, JUANITA
2419 N. E. 8TH AVENUE
GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MCFADDEN, CHERYL
1534 S.E. 12TH PLACE
GAINESVILLE, FL 32641**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, MARY C
1112 N.W. 7TH AVENUE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMUEL, DERRICK R
2440 N. W. 54TH AVENUE
GAINESVILLE, FL 32653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAYS, OZZIE M
1112 N. W. 7TH AVENUE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 3525386502

Date

Daytime Phone #