

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

DOCUMENT# N06000004382

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

**Entity Name:** COMMUNITY SERVICE CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

621 WILKS AVE  
ORLANDO, FL 32809

**New Principal Place of Business:**

2600 TECHNOLOGY DR.  
SUITE 250  
ORLANDO, FL 32804

**Current Mailing Address:**

621 WILKS AVE  
ORLANDO, FL 32809

**New Mailing Address:**

2600 TECHNOLOGY DR.  
SUITE 250  
ORLANDO, FL 32804

**FEI Number:** 20-4837019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Title:** SD  
**Name:** MAINGUTH, GREG  
**Address:** 1000 LEGION PLACE, SUITE 100  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** D  
**Name:** TEDDER, MELINDA  
**Address:** 1000 DARDEN CENTER DRIVE  
**City-St-Zip:** ORLANDO, FL 32837

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

PRES

04/27/2010

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

\_\_\_\_\_  
Date