

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:01

DOCUMENT # N93000004133 (5)

1. Corporation Name

HOMELESS SERVICES NETWORK OF ORANGE COUNTY, INC.

Principal Place of Business

Mailing Address

C/O RICK DAIGNEAULT
2100 E. MICHIGAN
ORLANDO FL 32806

P.O. BOX 700
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3213827

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 107 E. Hillcrest

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando, FL 32801

28

Zip

Country

Zip

Country

24

25

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5. Certificate of Status Desired

\$9.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUM, HELAINE M
100 E. ROBINSON STREET
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/C
NAME HELAINE M. BLUM
STREET ADDRESS 100 E. ROBINSON ST
CITY - ST - ZIP ORLANDO FL 32801

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D/C
NAME RICK DAIGNEAULT
STREET ADDRESS 2100 E. MICHIGAN ST
CITY - ST - ZIP ORLANDO FL 32806

2.1 TITLE Change Addition
2.2 NAME Marilyn Hughes
2.3 STREET ADDRESS 1525 W. Washington
2.4 CITY - ST - ZIP Orlando, FL 32805

TITLE S/D
NAME MARILYN HUGES
STREET ADDRESS 410 W. CENTRAL
CITY - ST - ZIP ORLANDO FL 32801

3.1 TITLE Change Addition
3.2 NAME Barbara Van Horn
3.3 STREET ADDRESS P.O. Box 680748 ← Mailing Address
3.4 CITY - ST - ZIP Orlando, FL 32868

TITLE D
NAME HERB AGUIRRESAENZ
STREET ADDRESS 6215 HOLLY ST
CITY - ST - ZIP ZELLWOOD FL 32798

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME DEBORAH COLBY
STREET ADDRESS 107 E. HILLCREST
CITY - ST - ZIP ORLANDO FL 32804-1

5.1 TITLE Change Addition
5.2 NAME Andrea Evans
5.3 STREET ADDRESS 808 W. Central Blvd
5.4 CITY - ST - ZIP Orlando, FL 32805

TITLE D
NAME Carolyn Brookes
STREET ADDRESS 445 W. Amelia
CITY - ST - ZIP Orlando, FL 32801

6.1 TITLE Change Addition
6.2 NAME Beverly Adams
6.3 STREET ADDRESS 416 W. Colonial Dr.
6.4 CITY - ST - ZIP Orlando, FL 32804

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Helaine M. Blum, Helaine M. Blum

4/4/95

407-841-8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

chair