

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **N93000004133 (5)**

1. Corporation Name  
**HOMELESS SERVICES NETWORK OF ORANGE COUNTY, INC.**



Principal Place of Business Mailing Address  
**107 E HILLCREST  
2100 E. MICHAGAN  
ORLANDO FL 32801  
US** **P.O. BOX 700  
ORLANDO FL 32802**

3. Date Incorporated or Qualified **09/07/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 3191 Maquire Blvd.** **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 150** **27**

City & State City & State  
**23 Orlando, FL 32803** **28**

Zip Country Zip Country  
**24 32803** **25 USA** **29** **30**

4. FEI Number **59-3213827** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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

**10. Name and Address of New Registered Agent**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

1.1 TITLE **D/Vice Chair**  Change  Addition  
1.2 NAME **Jean Flavelle**  
1.3 STREET ADDRESS **639 W. Central Blvd.**  
1.4 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **DVC**  DELETE  
NAME **HUGHES, MARILYN**  
STREET ADDRESS **1525 W. WASHINGTON**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **Director**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S/D**  DELETE  
NAME **VAN HORN, BARBARA**  
STREET ADDRESS **P O BOX 680748 N/A**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **Director / Secretary**  Change  Addition  
3.2 NAME **Kathy Booker**  
3.3 STREET ADDRESS **608 Mariposa Street**  
3.4 CITY-ST-ZIP **Orlando, FL 32801**

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

4.1 TITLE **D/T**  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DT**  DELETE  
NAME **EVANS, ANDREA**  
STREET ADDRESS **808 W. CENTRAL BLVD.**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **Director**  Change  Addition  
5.2 NAME **Michelle Saunders**  
5.3 STREET ADDRESS **434 W. Kennedy Blvd.**  
5.4 CITY-ST-ZIP **Orlando, FL 32810**

TITLE **D**  DELETE  
NAME **BROOKES, CAROLYN**  
STREET ADDRESS **445 W AMELIA**  
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE **Director**  Change  Addition  
6.2 NAME **Michael Johnson**  
6.3 STREET ADDRESS **500 N. Orange Ave.**  
6.4 CITY-ST-ZIP **Orlando, FL 32801**

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 119.07(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, Chair*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Helaine M. Blum*

*3/25/96* *(407) 841-8310*  
Date Daytime Phone #

CR2E037 (12/95)

13. Continued

7.1 Director  
Brett Clemmer  
3191 Maguire Blvd., Suite 150  
Orlando, FL 32803

Addition

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8.1 Director  
Debra Ward  
P.O. Box 880  
Zellwood, FL 32798

Addition