

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000004133 (5)  
1. Corporation Name  
HOMELESS SERVICES NETWORK OF ORANGE COUNTY, INC.



Principal Place of Business: 3191 MAGUIRE BLVD. 150 ORLANDO FL 32803 US  
Mailing Address: P.O. BOX 700 ORLANDO FL 32802-0700

3. Date Incorporated or Qualified: 09/07/1993  
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business: 21 3191 MAGUIRE BLVD  
22 150  
23  
24 Zip: 32803 25 Country: US  
2a. Mailing Address: 26 P.O. BOX 700  
27 Suite, Apt. #, etc.  
28 City & State: ORLANDO FL 29 Zip: 32802-0700 30 Country: US

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: ORLANDO FL 85 Zip Code: 32801

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C HELAIN M. BLUM 100 E. ROBINSON ST ORLANDO FL 32801	1.1 TITLE	D/T
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HUGHES, MARILYN 1525 W. WASHINGTON ORLANDO FL	2.1 TITLE	D/C
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS BOOKER, KATHY 608 MARIPOSA ST. ORLANDO FL 32801	3.1 TITLE	D/VC
NAME		3.2 NAME	Jean Flavelle
STREET ADDRESS		3.3 STREET ADDRESS	639 W. Central Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	DT AGUIRRESAENZ, HERB 6215 HOLLY ST ZELLWOOD FL 32798	4.1 TITLE	D/S
NAME		4.2 NAME	Daisy Gonzalez
STREET ADDRESS		4.3 STREET ADDRESS	515 W. Central Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D SAUNDERS, MICHELLE 434 W KENNEDY BLVD. ORLANDO FL 32810	5.1 TITLE	D
NAME		5.2 NAME	Vicki Garner
STREET ADDRESS		5.3 STREET ADDRESS	228 So. Hughey Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	D JOHNSON, MICHAEL 500 N ORANGE AVE ORLANDO FL 32801	6.1 TITLE	D
NAME		6.2 NAME	Calvin Avant
STREET ADDRESS		6.3 STREET ADDRESS	888 N. Orange Ave.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32801

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Marilyn Hughes, Chair  
Date: 4/16/97  
407-422-7855  
Daytime Phone # 0016101

CR2E037 (9/96)