NONPROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90025 001 \*\*\*\*61.25

## DOCUMENT # N93000004133

1. Corporation Name

HOMELESS SERVICES NETWORK OF ORANGE COUNTY, INC.

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Principal Place of Business Mailing Address										
2191 MAGUIRE BLVD P.O. BOX 700						1 (48)((4)	e den Enenn eiste unter no	(16 <b>22</b> (6) <b>CE</b> (16 6	66531 55555 55468	11188 HIS 1881
160 ORLANDO FL 32802										
ORLANDO F			į		818   18181   11311   88111   <b>5</b> 81	HA <b>br</b> ain <b>ho</b> ain i	1811) F1881 (188 <b>8</b>			
00										
Principal Place of Business     2a. Mailing Address						2 Data tages	porated or Qualifed	· · ·		<del></del>
21 988 Woodcock Rd 26						09/07/19		•		
Suite, Apt. #, etc. Suite, Apt. #, etc.					<del></del>	4. FEI Numbe		<del></del> -		
22 200 27					j	59-3213			<u> </u>	pplied For ot Applicable
City & State City & State										Additional -
23		28			.   '	5. Certificate of	of Status Desired			equired
Zíp	Country Zip			у		6. Election Ca	ampaign Financing		\$5.00	May Be
24	24 25 29 30  9. Name and Address of Current Registered Agent			Trust Fund Contribution			Contribution		Added	to Fees
<del></del>	3. Name and Address of Curren	it Registered Agent	81	1 17		0. Name and	Address of New	Registered	Agent	
DI HA LI	EL AINE N		*1	Name	е					
BLUM, HELAINE M 100 E. ROBINSON STREET				Stree	eet Address (P.O. Box Number is Not Acceptab			able)		
ORLANDO FL 32801				<del> </del>		· .				
ORLAND	O FL 32001		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 agent, or both, in the State of Florida. Such changing the second state of Florida Such changes as authorized by the corporation's board of directors. I hereby accept the appointment as reg									focietored	
office or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was autitions of Section 617,0503. Florid	horized by	the com	poration's t	board of direct	ors. I hereby accer	pt the appo	intment as re	gistered
SIGNATURE	:		. Dialoid							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					required when			DATE		
TILE	OFFICERS AN		13.		1 = =	ADDITIONS/	CHANGES TO OF	FICERS AN	ID DIRECTO	RS IN 12
NAME	HELAINE M. BLUM	☐ DELETE	1.1 TITLE		DC				Change	Addition Addition
STREET ADDRESS	444		12 NAME			LYN GOR		٠.		
CITY-ST-ZIP	ORLANDO FL		1.3 STREE				GE AVENUE			
TITLE	DC	DELETE	1.4 CITY-S 2.1 TITLE	r-ZIP		NDO FL	32809			
NAME	HUGHES, MARILYN	Z oricit	2.2 NAME		D, V		<b>.</b>		Change	Addition 💢
STREET ADDRESS	4=4=444 1444 4444 4444		2.3 STREET	. VUUDEGE		FLAVEL				
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S			W CENTR				
TITLE			3.1 TITLE			NDO FL	32801		Change	Addition
NAME	WELLS, MARILYN		3.2 NAME V		WILL	IAM IOW	ERY -			E3 MORRII
STREET ADDRESS	11 N PARRAMORE ST		3.3 STREET ADDRESS 4			LENOX I				<del></del>
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-S	t I		NDO FL				
TITLE	DS DELETE 4.1		4.1 TITLE						☐ Change	Addition
NAME	LOTT, APRIL		4. 2 NAME		HERB	AGUIRRI	ESAENZ		•	
	888 N ORANGE AVE		4.3 STREET	ADDRESS !		HOLLY S				
CITY-ST-ZIP	ORLANDO FL 32801	<del></del>	4.4 CITY-ST	-ZIP	ZELL	WOOD FIL	32798			
	CADMICD MICH	☐ DELETE	5.1 TITLE		D,S				☐ Change	Addition
NAME EXTRECT ADORESS	GARNER, VICKI 228 S HUGHEY AVE		5.2 NAME		ı	MERLIN				
STREET ADDRESS	ORLANDO FL	;	5.3 STREET	ì			HILLS ROA	D		
CITY-ST-ZIP TITLE	D COLONIDO PL	DELETE	5.4 CITY-ST 6.1 TITLE	-ZIP	ORLA	NDO FL	32808			
NAME	GOLDMAN, KEITH	X DELETE	6.2 NAME		}			•	☐ Change	☐ Addition
STREET ADDRESS	639 W CENTRAL BLVD		6.3 STREET	ADDDCCC	ļ					
CITY-ST-ZIP	ORLANDO FL 32801		6.4 CITY-ST	,	}					
	ertify that the information supplied with	this filing does not qualify for th	e exemptic	n stated	I in Section	119.07/31/0	Florida Statutos 1	further earl	futbat the !-	formation

In 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, with all other like empowered.

SIGNATURE:

ine and typed or printed name of signing officer of director

and M. 1314 on Treasure / Director

(407)841.83/0 Daytime Phone #