

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

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

Principal Place of Business 2101 MAGUIRE BLVD 160 ORLANDO FL 32803 US Mailing Address P.O. BOX 700 ORLANDO FL 32802



2. Principal Place of Business 21 988 Woodcock Rd 22 200 23 City & State 24 Zip 25 Country 26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country 3. Date Incorporated or Qualified 09/07/1993 4. FEI Number 59-3213827 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 85 Zip Code FL

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

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include Helaine M. Blum, Marilyn Gordon, Hughes, Marilyn, Jean Flavelle, Wells, Marilyn, William Lowery, Lott, April, Herb Aguirresaenz, Garner, Vicki, Lisa Merlin, and Goldman, Keith.

14. I 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: Helaine M. Blum Helaine M. Blum 4/5/99 (407) 841-8310 Helaine M. Blum Treasurer/Director 7/1/99 Daytime Phone #