


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90029 006 ****61.25

DOCUMENT # N93000004133

1. Entity Name
HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC.



Principal Place of Business
1510 E. COLONIAL DR.
#201 W
ORLANDO, FL 32803 US

Mailing Address
1510 E. COLONIAL DR.
#201 W
ORLANDO, FL 32803 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3213827

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

BLUM, HELAINE M
5104 N ORANGE BLOSSOM TR
STE 206
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HELAINE M. BLUM 5104 N ORANGE BLOSSOM TR #206 ORLANDO, FL 32810 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GORDON, MARILYN 1510 E COLONIAL DR STE 201-W ORLANDO, FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWKINS, DEANNE 599 BABLONICA DR ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GARNER, VICKI 434 W KENNEDY BLVD ORLANDO, FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWERY, WILLIAM 4027 LENOX BLVD ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Thomas griffin 505 N. Clyde Avenue Kissimmee, FL 34741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Michelle Greco 4680 Lake Underhill Road Orlando, FL 32807 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Lisa Merlin 3101 N.Pine Hills Road Orlando, FL 32808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mailegr Griffin 3/26/04 407 893-0133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #