


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90014 002 \*\*\*\*70.00

**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.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

01192006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-3213827

Applied For  
 Not Applicable

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



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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	VC	<input type="checkbox"/> Delete
NAME	GRIFFIN, THOMAS	
STREET ADDRESS	900 E VINE ST	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	C	<input type="checkbox"/> Delete
NAME	MERLIN, LISA	
STREET ADDRESS	3101 N PINE HILLS RD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRECO, MICHELLE	
STREET ADDRESS	4680 LAKE UNDERHILL RD.	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURNS, BAKARI	
STREET ADDRESS	234 N OBT	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	MERLIN, LISA	
STREET ADDRESS	3101 N. PINE HILLS RD.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Littleton, Vanessa	
STREET ADDRESS	5931 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon, Marilyn	
STREET ADDRESS	1510 E. Colonial Dr., St.201-W	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Marilyn Gordon **Marilyn Gordon** 1/27/2006 407-893-0133  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #