

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90044 046 \*\*\*\*70.00

<b>DOCUMENT # N93000004133</b>					
<b>1. Entity Name</b> HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA, INC.					
<b>Principal Place of Business</b> 1510 E. COLONIAL DR. #201 W ORLANDO, FL 32803 US			<b>Mailing Address</b> 1510 E. COLONIAL DR. #201 W ORLANDO, FL 32803 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3213827				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BLUM, HELAINE M 5104 N ORANGE BLOSSOM TR STE 206 ORLANDO, FL 32810			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VC <b>NAME</b> GRIFFIN, THOMAS <b>STREET ADDRESS</b> 900 E VINE ST <b>CITY-ST-ZIP</b> KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		<b>TITLE</b> C <b>NAME</b> Griffin, Thomas <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> C <b>NAME</b> MERLIN, LISA <b>STREET ADDRESS</b> 3101 N PINE HILLS RD <b>CITY-ST-ZIP</b> ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ED <b>NAME</b> Catherine Jackson <b>STREET ADDRESS</b> 1510 E. Colonial Dr., Ste. 201-W <b>CITY-ST-ZIP</b> Orlando, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> GRECO, MICHELLE <b>STREET ADDRESS</b> 4680 LAKE UNDERHILL RD. <b>CITY-ST-ZIP</b> ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Spence-Brown, Suzanne <b>STREET ADDRESS</b> 2524 S. Park Dr. <b>CITY-ST-ZIP</b> Sanford, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BURNS, BAKARI <b>STREET ADDRESS</b> 234 N OBT <b>CITY-ST-ZIP</b> ORLANDO, FL 32801	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCD <b>NAME</b> MERLIN, LISA <b>STREET ADDRESS</b> 3101 N. PINE HILLS RD. <b>CITY-ST-ZIP</b> ORLANDO, FL 32808	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LITTLETON, VANESSA <b>STREET ADDRESS</b> 5931 E COLONIAL DR <b>CITY-ST-ZIP</b> ORLANDO, FL 32807	<input type="checkbox"/> Delete		<b>TITLE</b> VC <b>NAME</b> Littleton, Vanessa <b>STREET ADDRESS</b> 237 Fernwood Blvd., Ste. 101 <b>CITY-ST-ZIP</b> Fern Park, FL 32730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			2/5/07 407-893-0133		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		