


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

40011100



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

01242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
 BLUM, HELAINE M  
 5104 N ORANGE BLOSSOM TR  
 STE 206  
 ORLANDO, FL 32810

4. FEI Number  
 59-3213827

Applied For  
 Not Applicable

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

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, 2007**

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	VC GRIFFIN, THOMAS 900 E VINE ST KISSIMMEE, FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MERLIN, LISA 3101 N PINE HILLS RD ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRECO, MICHELLE 4680 LAKE UNDERHILL RD. ORLANDO, FL 32807 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, BAKARI 234 N OBT ORLANDO, FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MERLIN, LISA 3101 N. PINE HILLS RD. ORLANDO, FL 32808 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLETON, VANESSA 5931 E COLONIAL DR ORLANDO, FL 32807 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Griffin, Thomas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Catherine Jackson 1510 E. Colonial Dr., Ste. 201-W Orlando, FL 32803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Spence-Brown, Suzanne 2524 S. Park Dr. Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Littleton, Vanessa 237 Fernwood Blvd., Ste. 101 Fern Park, FL 32730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vanessa Littleton* Date: 2/5/07 Daytime Phone #: 407-893-0133