2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004133

FILED May 09, 2008 Secretary of State

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

unent F	Principal Place of Business:	New Prince	ipal Place of Business:
	OLONIAL DR.		YLOR BLVD
201 W	O, FL 32803 US	ORLANDO), FL 32854 US
;urrent I\	Mailing Address:	New Maili	ng Address:
	OLONIAL DR.	P.O. BOX	
201 W RLAND	O, FL 32803 US	ORLANDO), FL 32854 US
El Numbei n accordar	r: 59-3213827 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did no	•	e.
ame and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:
	ELAINE M		S SERVICES NETWORK
104 N OI STE 206	RANGE BLOSSOM TR		YLOR BLVD.), FL 32854 US
	O, FL 32810 US		,,
	e named entity submits this statement for the p te of Florida.	ourpose of changing i	its registered office or registered agent, or
IGNATURE: CATHY JACKSON			05/09/2008
•	Electronic Signature of Registered Age	ent	Date
	Electronic Signature of Registered Age S AND DIRECTORS:		Date IS/CHANGES TO OFFICERS AND DIREC
FFICER	S AND DIRECTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIREC
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY JACKSON ED 05/09/2008