

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004133

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1940 TRAYLOR BLVD  
ORLANDO, FL 32854 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 547068  
ORLANDO, FL 32854 US

**New Mailing Address:**

FEI Number: 59-3213827      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOMELESS SERVICES NETWORK  
1940 TRAYLOR BLVD.  
ORLANDO, FL 32854 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: BURNS, BAKARI  
Address: 234 N. OBT  
City-St-Zip: ORLANDO, FL 32801

Title: ED ( ) Delete  
Name: JACKSON, CATHERINE  
Address: 1940 TRAYLOR BLVD  
City-St-Zip: ORLANDO, FL 32854

Title: SD ( ) Delete  
Name: SPENCE-BROWN, SUZANNE  
Address: 2524 S. PARK DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete  
Name: THERIOT, KEITH  
Address: 400 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32802

Title: VC ( ) Delete  
Name: LITTLETON, VANESSA  
Address: 237 FERNWOOD BLVD STE 101  
City-St-Zip: FERN PARK, FL 32730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GRECO, MICHELE  
Address: 4680 LAKE UNDERHILL ROAD  
City-St-Zip: ORLANDO, FL 32807

Title: T (X) Change ( ) Addition  
Name: DIXON, TODD  
Address: P.O. BOX 538350  
City-St-Zip: ORLANDO, FL 32853

Title: VC (X) Change ( ) Addition  
Name: DUNCAN, CAROLANN  
Address: 400 WEST ROBINSON STREET  
City-St-Zip: ORLANDO, FL 32801

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: CATHERINE JACKSON

ED

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date