

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004133

FILED
Apr 21, 2011
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:

2828 EDGEWATER DRIVE
ORLANDO, FL 32854 US

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:

HOMELESS SERVICES NETWORK
2828 EDGEWATER DRIVE
ORLANDO, FL 32854 US

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

04/21/2011

Date

OFFICERS AND DIRECTORS:

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

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

Title: SD
Name: GRECO, MICHELE
Address: 4680 LAKE UNDERHILL ROAD
City-St-Zip: ORLANDO, FL 32807

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

Title: VC
Name: DUNCAN, CAROLANN
Address: 400 WEST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE JACKSON

ED

04/21/2011

Electronic Signature of Signing Officer or Director

Date