# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:49

DOCUMENT # **N93000004698 (7)**

1. Corporation Name
**COMMUNITY SERVICES NETWORK, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3191 MAQUIRE BLVD.<br>SUITE 150<br>ORLANDO FL 32803 | 3191 MAQUIRE BLVD.<br>SUITE 150<br>ORLANDO FL 32803 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1993**
3a. Date of Last Report: **03/25/1994**
4. FEI Number: ~~APPLIED FOR~~ **59-3227201** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

**POOLE, MICHAEL**
**639 W. CENTRAL BLVD.**
**ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RUFFIER, JOAN | 12 NAME | |
| STREET ADDRESS | 1115 BELLEAIRE CIR | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32804 | 14 CITY-ST-ZIP | |
| TITLE | VCD | 21 TITLE | VCD ☐ Change ☐ Addition |
| NAME | ANGLIN, MARGARET | 22 NAME | POOLE, MICHAEL |
| STREET ADDRESS | 3191 MAGUIRE BLVD #150 | 23 STREET ADDRESS | 639 W. CENTRAL BLVD. |
| CITY-ST-ZIP | ORLANDO FL 32803 | 24 CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | STD | 31 TITLE | SD ☐ Change ☐ Addition |
| NAME | POOLE, MICHAEL | 32 NAME | RENNER, DEBBIE |
| STREET ADDRESS | 639 W CENTRAL BLVD | 33 STREET ADDRESS | POST OFFICE BOX 680748 N/A |
| CITY ST ZIP | ORLANDO FL 32801 | 34 CITY-ST-ZIP | ORLANDO, FL 32868 |
| TITLE | | 41 TITLE | TD ☐ Change ☐ Addition |
| NAME | | 42 NAME | ANGLIN, MARGARET |
| STREET ADDRESS | | 43 STREET ADDRESS | 3191 MAGUIRE BLVD. #150 |
| CITY ST ZIP | | 44 CITY ST ZIP | ORLANDO, FL 32803 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 3/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000340