

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N94000003005 (5)**

1. Corporation Name

**MULTI-SERVICES OF CENTRAL FLORIDA, INC.**

Principal Place of Business

Mailing Address

**519 E LIVINGSTON STREET  
ORLANDO FL 32803**

**P.O. BOX 533072  
ORLANDO FL 32803  
US**



3. Date Incorporated or Qualified

**10/22/1993**

3a. Date of Last Report

**05/25/1995**

4. FEI Number

**59-3212504**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**RUIZ, CLARA L.  
519 E LIVINGSTON STREET  
ORLANDO FL 32803**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Clara L. Ruiz*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
RUIZ, CLARA L.**  
STREET ADDRESS **519 E LIVINGSTON ST.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **STD  
DIAZ, MYRIAM**  
STREET ADDRESS **4178 S CHICKSAW TR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **TD  
CLINGAN, THOMAS**  
STREET ADDRESS **1002 FABER DR.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **V  
VDRGARA, ARCADIO**  
STREET ADDRESS **452 LON PINE DR.**  
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TREASURER-Secretary** ☒ Change ☐ Addition

**Leyda Haddock-Rivera  
3287 Westridge Blvd  
Orlando, FL 32822**

**VICE-President** ☒ Change ☐ Addition

**Iris Ledesma  
1315 Sassafras Ave.  
Altamonte Springs, FL 32814**

**4000001778084** ☐ Change ☐ Addition

**-04/12/96--01021--013**

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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:

*Clara L. Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

*m.m.  
3-18-96*

*1/7/96*

*407-381-0730*