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

APPROVED AND FILED

'95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715688 (8)

1. Corporation Name

HUMAN SERVICES COUNCIL, INC.

Principal Place of Business	Mailing Address
3191 MAGUIRE BLVD..STE.150 ORLANDO FL 32803	3191 MAGUIRE BLVD..STE.150 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1968
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-1357204 ☐ 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

SIMONET, WILLIAM
400 N FERNCREEK
ONE DUPONT CENTER
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DPT~~	1.1 TITLE	DPT ☒ Change ☐ Addition
NAME	~~JOHNSON, WILLIAM H~~	1.2 NAME	Lyon, Ethel Kennedy
STREET ADDRESS	~~654 LEOPARD TRAIL~~	1.3 STREET ADDRESS	10821 Bay Shore Drive
CITY-ST-ZIP	~~WINTER SPRINGS FL 32708~~	1.4 CITY-ST-ZIP	Windermere, FL 32786
TITLE	~~DVT~~	2.1 TITLE	DVT ☒ Change ☐ Addition
NAME	~~GRIFFIN, DENNIS~~	2.2 NAME	Blanca, Antonio
STREET ADDRESS	~~2403 HOWELL BRANCH RD.~~	2.3 STREET ADDRESS	400 S. Orange Avenue
CITY-ST-ZIP	~~MAITLAND FL 32751~~	2.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	DVT	3.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, BUD	3.2 NAME	
STREET ADDRESS	100 S. ORANGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ANITA	4.2 NAME	
STREET ADDRESS	445 W. AMELIA ST. 4TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	GROVDAHL, ELBA DR	5.2 NAME	
STREET ADDRESS	4381 STEED TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANGLIN, MARGARET	6.2 NAME	
STREET ADDRESS	3191 MAGUIRE BLVD. STE. 150	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	6.4 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)(i), 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: Ethel Kennedy Lyon 3-2-95 (407) 897-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031839