

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

DOCUMENT # 715688

(8)

1. Corporation Name

HUMAN SERVICES COUNCIL, INC.

'95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3191 MAGUIRE BLVD. STE. 150
ORLANDO FL 32803

Mailing Address

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONET, WILLIAM
400 N FERNCREEK
ONE DUPONT CENTER
ORLANDO FL 32803

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	JOHNSON, WILLIAM H
STREET ADDRESS	854 LEOPARD TRAIL
CITY- ST- ZIP	WINTER SPRINGS FL 32708
TITLE	DVT
NAME	GRIFFIN, DENNIS
STREET ADDRESS	2403 HOWELL BRANCH RD.
CITY- ST- ZIP	MATLAND FL 32751
TITLE	DVT
NAME	BREWER, BUD
STREET ADDRESS	100 S. ORANGE AVE.
CITY- ST- ZIP	ORLANDO FL 32801
TITLE	T
NAME	BROWN, ANITA
STREET ADDRESS	445 W. AMELIA ST. 4TH FLOOR
CITY- ST- ZIP	ORLANDO FL 32801
TITLE	ST
NAME	GROVDahl, ELBA DR
STREET ADDRESS	4381 STEED TERR.
CITY- ST- ZIP	WINTER PARK FL 32792
TITLE	D
NAME	ANGLIN, MARGARET
STREET ADDRESS	3191 MAGUIRE BLVD. STE. 150
CITY- ST- ZIP	ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	XX Change	☐ Addition
1.2 NAME	Lyon, Ethel Kennedy		
1.3 STREET ADDRESS	10821 Bay Shore Drive		
1.4 CITY- ST- ZIP	WINDERMERE, FL 32786		
2.1 TITLE	DVT	XX Change	☐ Addition
2.2 NAME	Blanca, Antonio		
2.3 STREET ADDRESS	400 S. Orange Avenue		
2.4 CITY- ST- ZIP	Orlando, FL 32801		
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-95 (407)
897-6465
Date Daytime Phone #