

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 # 715688 (8)

1. Corporation Name
HUMAN SERVICES COUNCIL, INC.



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

3. Date Incorporated or Qualified: **12/10/1968**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-1357204**
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**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Country: **29** Zip: **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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	LYON, ETHEL KENNEDY	
STREET ADDRESS	10021 BAY SHORE DRIVE	
CITY-ST-ZIP	WINDERMERE FL----	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	BLANCA, ANTONIO	
STREET ADDRESS	400 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL--	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BREWER, BUD	
STREET ADDRESS	100 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ANITA	
STREET ADDRESS	445 W. AMELIA ST. 4TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GROVDAM, ELBA DR	
STREET ADDRESS	4381 STEED TERR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input type="checkbox"/> DELETE
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SYDNEY G. GREEN	
1.3 STREET ADDRESS	325 VALERA COURT	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. MARGARET MILLER	
2.3 STREET ADDRESS	P.O. BOX 161250, UCF EDUC. BLDG. 115	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32816-1250	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRYDEN MOON	
4.3 STREET ADDRESS	1415 BUCKINGHAM ROAD	
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALMA FORTSON	
5.3 STREET ADDRESS	4565 CASSIUS STREET	
5.4 CITY-ST-ZIP	ORLANDO, FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Bryden E. Moon Date: 3/15/96 Daytime Phone #: 897-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)