

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006538

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** HUMAN SERVICES ASSOCIATES FOUNDATION, INC.

**Current Principal Place of Business:**

1703 W. COLONIAL DR.  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1703 W. COLONIAL DR.  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 59-3746696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCISCO, FRANK B  
1703 W. COLONIAL DR.  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCGARRY, NEAL  
Address: 1104 MANGO ISLE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: T/S ( ) Delete  
Name: BEHNKE, JOE  
Address: 14036 MARINE DR.  
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete  
Name: CLARK, TERRI  
Address: 926 N. MILLS AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: D ( ) Delete  
Name: FRANCISCO, FRANK  
Address: 470 MANOR ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: C ( ) Delete  
Name: LARRINAGA, JOE  
Address: 5501 HARBORSIDE DR.  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: COPELAND, TOM  
Address: 1349 BALD EAGLE  
City-St-Zip: GREENVILLE, FL 32331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK B. FRANCISCO

D

02/05/2009

Electronic Signature of Signing Officer or Director

Date