

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006538

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1801 LEE ROAD  
SUITE 170  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1801 LEE ROAD  
SUITE 170  
WINTER PARK, FL 32789

**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  
1801 LEE ROAD  
SUITE 170  
WINTER PARK, FL 32789 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  
Name: MCGARRY, NEAL  
Address: 1104 MANGO ISLE  
City-St-Zip: FT LAUDERDALE, FL 33315

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FRANK B. FRANCISCO

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date