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Mar 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moitham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23681 (2)

1. Corporation Name

HUMAN CRISIS COUNCIL, INC.

Principal Place of Business

Mailing Address

5514 EDGE WATER
ORLANDO FL 32810
US

5514 EDGEWATER
ORLANDO FL 32810-5267
US



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

3. Date Incorporated or Qualified
12/01/1987

3a. Date of Last Report
04/09/1996

4. FEI Number
59-2891786

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

8. This corporation has liability for intangible tax under s. 199.022 Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MEDINA, ROBERTO
215 PIMEDA ST SUITE 181
LONGWOOD FL 32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PETZOLD, LEW
STREET ADDRESS 5514 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ~~PD~~ ~~BoD of Dir.~~
NAME MARHEL, CHESTER
STREET ADDRESS 5514 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE VD
NAME HIRSHFELT, JAY
STREET ADDRESS 5514 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL ☒ DELETE

TITLE D
NAME PETZOLD, POLLY A
STREET ADDRESS 5514 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME OWENS, MIKE
STREET ADDRESS 5514 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE D Book Keeper/ACCT.
NAME MEDINA, ROBERTO
STREET ADDRESS 215 PINEDA ST., STE 181
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Recording Sec/ Bo of Dir
1.2 NAME T. JOLENE MILLER
1.3 STREET ADDRESS 5514 EDGEWATER DR
1.4 CITY-ST-ZIP Orlando, FL 32810 ☐ Change ☒ Addition

2.1 TITLE Bo. of Dir
2.2 NAME Roy Manning
2.3 STREET ADDRESS 5514 Edgewater Dr.
2.4 CITY-ST-ZIP Orlando, FL 32810 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 [Signature] 3-1-97 (807) 294 4744

CR2E037 (9/96)