

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23681 (2)**  
1. Corporation Name  
**HUMAN CRISIS COUNCIL, INC.**



Principal Place of Business <b>5514 EDGE WATER ORLANDO FL 32810 US</b>	Mailing Address <b>5514 EDGEWATER ORLANDO FL 32810 US</b>
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3. Date Incorporated or Qualified <b>12/01/1987</b>
4. FEI Number <b>59-2891786</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>MEDINA, ROBERTO 215 PIMEDA ST SUITE 181 LONGWOOD FL 32750</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	PETZOLD, LEW
STREET ADDRESS	5514 EDGEWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	NAME
D	MARHEL, CHESTER
STREET ADDRESS	5514 EDGEWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	NAME
SD	MILLER, T. JOLENE
STREET ADDRESS	5514 EDGEWATER DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	NAME
D	PETZOLD, POLLY A
STREET ADDRESS	5514 EDGEWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	NAME
D	OWENS, MIKE
STREET ADDRESS	5514 EDGEWATER DR
CITY-ST-ZIP	ORLANDO FL
TITLE	NAME
BA	MEDINA, ROBERTO
STREET ADDRESS	215 PIMEDA ST., STE 181
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
D	ROY MANNING
1.3 STREET ADDRESS	5514 Edgewater Dr
1.4 CITY-ST-ZIP	Orlando, FL 32810
2.1 TITLE	2.2 NAME
	SAM ROPER
2.3 STREET ADDRESS	5514 Edgewater
2.4 CITY-ST-ZIP	Orlando, FL 32810
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
BA	Roberto Medina
6.3 STREET ADDRESS	5514 Edgewater Dr
6.4 CITY-ST-ZIP	Orlando, FL 32810

I 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: *Lew Petzold* 4/16/98 (907) 294 4704

CR2E037 (10/97)