

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90014 040 ****61.25

DOCUMENT # **N23681** ✓

1. Corporation Name

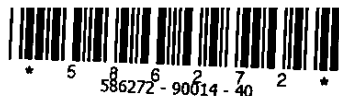
HUMAN CRISIS COUNCIL, INC.

Principal Place of Business

5514 EDGE WATER
ORLANDO FL 32810
US

Mailing Address

5514 EDGEWATER
ORLANDO FL 32810
US



2. Principal Place of Business

1 **5514 Edgewater Dr**

Suite, Apt. #, etc.

2 City & State

3 **Orlando, FL**

4 Zip **32810** 25 Country **USA**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

27 City & State

28

29 Zip **32810** 30 Country **USA**

3. Date Incorporated or Qualified

12/01/1987

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

9. Name and Address of Current Registered Agent

MEDINA, ROBERTO
215 PIMEDA ST SUITE 181
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name **Lew Petzold**
82 Street Address (P.O. Box Number is Not Acceptable)
7122 Belton St
83
84 City **Winter Park** FL 85 Zip Code **32782**

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

Lew Petzold

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

(NOTE: Registered Agent signature required when reinstating)

7/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETZOLD, LEW	
STREET ADDRESS	5514 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, ROY	
STREET ADDRESS	5514 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, T. JOLENE	
STREET ADDRESS	5514 EDEWATER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETZOLD, POLLY A	
STREET ADDRESS	5514 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, MIKE	
STREET ADDRESS	5514 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	BA	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, ROBERTO	
STREET ADDRESS	5514 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gideon Scott
1.3 STREET ADDRESS	5514 Edgewater Dr Apt D
1.4 CITY-ST-ZIP	Orlando, FL 32810
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William J. WARD
2.3 STREET ADDRESS	4430 North Lang
2.4 CITY-ST-ZIP	Orlando, FL 32804
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99 (407) 294-4704
Date Daytime Phone #

CR2E037 (5/99)

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