

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43762 (6)

1. Corporation Name

A-1 HUMAN SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~200 STATE RD 206 E~~
~~#419~~
~~ST AUGUSTINE FL 32086~~
US

% DANIEL B. WILSON, LCSW
PO BOX 3823
SAINT AUGUSTINE FL 32085
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1440 CR 13 SOUTH		26		06/05/1991		01/23/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3101431		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 ST AUGUSTINE, Florida		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32092		25 USA		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILSON, DANIEL B., LCSW 1440 CR 13 SO ST. AUGUSTINE FL 32092				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 the date of filing

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	COOK, KATHLEEN D.	1.2 NAME	DANIEL B. WILSON
STREET ADDRESS	1440 CR 13 SOUTH	1.3 STREET ADDRESS	1440 CR 13 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST AUGUSTINE, Florida, 32092.
TITLE	VD	2.1 TITLE	V/T
NAME	DEPIAZZA, ROBERT	2.2 NAME	KATHLEEN D COOK.
STREET ADDRESS	1369 PRINCE RD	2.3 STREET ADDRESS	1440 CR 13 SOUTH
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	ST AUGUSTINE, Florida 32092.
TITLE	D	3.1 TITLE	
NAME	GRAY, PATRICIA	3.2 NAME	
STREET ADDRESS	2272 GREEN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. WILSON

2-2-96. 904-826-1705

Date

Daytime Phone #

CR2E037 (12/95)