

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N43762**

1. Entity Name  
**A-1 HUMAN SERVICES OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

1440 CR 13 SOUTH  
 ST AUGUSTINE, FL 32092 US

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



01132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3101431</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, DANIEL B., LCSW  
 1440 CR 13 SO  
 ST. AUGUSTINE, FL 32092

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

DATE  
 01/17/08-80032-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	CATOGGIO, TONY
STREET ADDRESS	9 BURGESS PLACE
CITY-ST-ZIP	PALM COAST, FL
TITLE	VT
NAME	COOK, KATHLEEN D
STREET ADDRESS	1440 CR 13 SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	PD
NAME	WILSON, DANIEL B
STREET ADDRESS	1440 CR 13 SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Daniel B. Wilson **DANIEL B. WILSON** 1-13-08 904-8261705  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #