

**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

59-3101431

Applied For

Not Applicable

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 re-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
000000786228

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL B. WILSON

1-13-08

Date

904-8261705

Daytime Phone #