2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N43762

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

Current Principal Place of Business:

1440 CR 13 SOUTH
ST AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1440 CR 13 SOUTH
ST AUGUSTINE, FL 32092 US

FEI Number: 59-3101431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	CATOGGIO, TONY	
Address:	9 BURGESS PLACE	
City-St-Zip:	PALM COAST, FL	
Title:	VT	( ) Delete
Name:	COOK, KATHLEEN D	
Address:	1440 CR 13 SOUTH	
City-St-Zip:	ST AUGUSTINE, FL	
Title:	PD	( ) Delete
Name:	WILSON, DANIEL B	
Address:	1440 CR 13 SOUTH	
City-St-Zip:	ST AUGUSTINE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL B WILSON PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date