

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:44

DOCUMENT # **N44488** (7)
1. Corporation Name
**THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
1500 N. Dixie Hwy. P.O. Box 3166
W PALM BEACH FL 33401-3401 W PALM BEACH FL 33401-3166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1991	3a. Date of Last Report 06/02/1994
4. FEI Number 65-0291166	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1500 N. Dixie Highway	26 P.O. Box 3166
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 101	27
City & State	City & State
23 West Palm Beach, FL	28 West Palm Beach, FL
Zip Country	Zip Country
24 33401 25	29 33402 30

9. Name and Address of Current Registered Agent

CAHOON, PAMELA A.
4401 GARDEN AVE.
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **N/A**

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CAHOON, PAMELA A.
STREET ADDRESS	4401 GARDEN AVE.
CITY-ST-ZIP	W PALM BEACH FL 33405
TITLE	VCD
NAME	DUNSTON, LEIGH
STREET ADDRESS	777 S. FLAGLER DR., STE. 500E
CITY-ST-ZIP	W PALM BEACH FL 33401
TITLE	TD
NAME	ALLEN, TERRY
STREET ADDRESS	1041-45TH ST.
CITY-ST-ZIP	W PALM BEACH FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 817, 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

2-28-95 407-833-9499

Date

Daytime Phone #