

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morinham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N44488

(7)

1. Corporation Name

THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATION, INC.



Principal Place of Business

1500 N DIXIE HWY
STE 101
W PALM BEACH FL 33401-3401
US

Mailing Address

PO BOX 3166
W PALM BEACH FL 33402
US

3. Date Incorporated or Qualified

07/25/1991

3a. Date of Last Report

03/08/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0291166

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

☒ DELETE

NAME

CAHOON, PAMELA A.

STREET ADDRESS

4401 GARDEN AVE.

CITY - ST - ZIP

W PALM BEACH FL 33405

TITLE

VCD

☒ DELETE

NAME

DUNSTON, LEIGH

STREET ADDRESS

777 S. FLAGLER DR., STE. 500E

CITY - ST - ZIP

W PALM BEACH FL 33401

TITLE

TD

☐ DELETE

NAME

ALLEN, TERRY

STREET ADDRESS

1041-45TH ST.

CITY - ST - ZIP

W PALM BEACH FL 33407

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

CD

☐ Change

☒ Addition

1.2 NAME

SHEAROUSE, JOSEPH B.

1.3 STREET ADDRESS

224 DATURA STREET

1.4 CITY - ST - ZIP

WEST PALM BEACH, FL 33401

2.1 TITLE

VCD

☐ Change

☒ Addition

2.2 NAME

DEBORAH DALE PUCILLO

2.3 STREET ADDRESS

205 N. DIXIE HWY., 9TH FLOOR

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

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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

Joseph B. Shearouse

2/20/96

659 9908

CR2E037 (12/95)