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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N930000000004 (2)**

1. Corporation Name

**HUMAN SERVICES FOUNDATION, INC.**



Principal Place of Business	Mailing Address
1580 <del>S</del> MATTHEW DR SUITE F FORT MYERS FL 33307 US	1580 <del>S</del> MATTHEW DR SUITE F FORT MYERS FL 33907-1702 US

3. Date Incorporated or Qualified <b>01/01/1993</b>	3a. Date of Last Report <b>03/19/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0389474</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOLODY, STEPHEN G  
2000 MAIN STREET  
SUITE 500  
FORT MYERS FL 33901**

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	ED	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER-MORRIS, BEVERLY J.	1.2 NAME	
STREET ADDRESS	1580 <del>S</del> MATTHEW DR	1.3 STREET ADDRESS	1580-F
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	33907
TITLE	DP	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAZER, ROBERT	2.2 NAME	
STREET ADDRESS	RT 1 BOX 16 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	Director President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLODY, STEPHEN	3.2 NAME	
STREET ADDRESS	2000 MAIN STREET, STE 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ellis, Sue
STREET ADDRESS		4.3 STREET ADDRESS	2348 Sycamore Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St James City FL 33756
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* R Brenner-Morris, Beverly J. 01/30/97

CR2E037 (9/96)