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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N930000000004

1. Corporation Name

HUMAN SERVICES FOUNDATION, INC.

Principal Place of Business

1560 MATTHEW DR
STE. D
FORT MYERS FL 33907
US

Mailing Address

1560 MATTHEW DR.
STE. D
FORT MYERS FL 33907
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

65-0389474

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

9. Name and Address of Current Registered Agent

KOLODY, STEPHEN G
ROYAL PALM SQ. DR.
SUITE 500
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name **Brenner-Morris, Beverly**
82 Street Address (P.O. Box Number is Not Acceptable)
1560-D Matthew Drive
83
84 City **Ft Myers** FL 85 Zip Code **33907**

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]

(NOTE: Registered Agent signature required when reinstating)

1/29/99

12.

OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	BRENNER-MORRIS, BEVERLY J.	
STREET ADDRESS	1560-F MATTHEW DR	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KOLODY, STEPHEN	
STREET ADDRESS	1520 ROYAL PALM BCH. SQ, STE#340	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, SUE	
STREET ADDRESS	2348 SYCAMORE STREET	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT BARRETT	
STREET ADDRESS	3575 BENNINGTON DR. #105	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brenner-Morris
1.3 STREET ADDRESS	1560-D
1.4 CITY-ST-ZIP	33907
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Board President
2.3 STREET ADDRESS	Clark, Dawn
2.4 CITY-ST-ZIP	17211 Caloosa Trace Circle Ft Myers, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director
3.3 STREET ADDRESS	Walter McDonald
3.4 CITY-ST-ZIP	6553 Highland Pines Circle Ft Myers FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Barrett
4.3 STREET ADDRESS	2554 Rio Palermo Court
4.4 CITY-ST-ZIP	Punta Gorda FL 33950
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Stacey Brown
5.4 CITY-ST-ZIP	1484 Braham Avenue Ft Myers FL 33901
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Judy Knapp
6.3 STREET ADDRESS	3542 Whippoorwill Blvd
6.4 CITY-ST-ZIP	Punta Gorda FL 33950

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 941-275-1735
Date Daytime Phone #

CR2E037 (11/98)