2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000000004 Mar 14, 2000 8:00 am Secretary of State 1. Entity Name HUMAN SERVICES FOUNDATION, INC. 03-14-2000 90037 048 ****61.25 Principal Place of Business Mailing Address 1560 MATTHEW DR. 1560 MATTHEW DR STE. D STE. D FORT MYERS FL 33907-1702 FORT MYERS FL 33907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0389474 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRENNER-MORRIS, BEVERLY 1560-D MATTHEW DRIVE FORT MYERS FL 33907 City Zip Code 8. 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. · Addition ☐ Change ☐ Delete TITLE TITLE BRENNER-MORRIS, BEVERLY J. NAME NAME CR2E037 STREET ADDRESS STREET ADDRESS 1560-D MATTHEW DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 Director Change ☐ Addition ☐ Delete TITLE TITLE CLARK, DAWN NAME 17211 CALDOSA TRACE CIRCLE PHYMYERS PL 33912 STREET ADDRESS STREET ADDRESS 17211 CALOWSA TRACE CIRCLE DITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Change ☐ Addition Delete --- · · · TITLE TITLE . MCDONALD, WALTER NAME NAME STREET ADDRESS STREET ADDRESS 6553 HIGHLAND PINES CIRCLE Board President. Anderson, Cynthia 6296 Corporate Court Ste Blog CITY-ST-ZIE CITY-ST-ZIP FT MYERS FL Addition ☐ Change M Delete TITLE TITLE ROBERT BARRETT NAME NAME STREET ADDRESS STREET ADDRESS 2554 RIO PALERMO COURT CITY-ST-ZIP Fort Myers FL 33919 CITY - ST-ZIP FT. MYERS FL 33919 ☐ Addition Change ☐ Delete TITLE TITLE BROWN, STACEY NAME NAME STREET ADDRESS STREET ADDRESS 1484 BRAMAN AVENUE CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 A Change ☐ Addition ☐ Delete TITLE TITLE KNAPP, JUDY NAME NAME 3542 Whipporwhill Bird STREET ADDRESS 3542 WHIPPERWHILL BLVD. STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

PUNTA GORDA FL 33950

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR