


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N930000000004	
1. Entity Name HUMAN SERVICES FOUNDATION, INC.	

Principal Place of Business BOWMAN & BOWMAN 1705 COLONIAL BLVD SUITE D-1 FORT MYERS, FL 33907 US	Mailing Address BOWMAN & BOWMAN 1705 COLONIAL BLVD SUITE D-1 FORT MYERS, FL 33907 US
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DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0389474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOWMAN, LARRY
BOWMAN & BOWMAN
1705 COLONIAL BLVD SUITE D-1
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDONALD, WALTER 6553 HIGHLAND PINES CIRCLE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOWMAN, LARRY 1705 COLONIAL BLVD SUITE D-1 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOWMAN, ROSE 1705 COLONIAL BLVD D-1 FORT MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/07/04-80033-017 61.25

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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.

SIGNATURE: _____ **6/30/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #