2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000004

1. Entity Name
HUMAN SERVICES FOUNDATION, INC.

Principal Place of Business	Mailing Address
BOWMAN & BOWMAN 1705 COLONIAL BLVD SUITE D-1 FORT MYERS, FL 33907 US	BOWMAN & BOWMAN 1705 COLONIAL BLVD SUITE D-1 FORT MYERS, FL 33907 US

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0389474
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

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03/22/06-80035-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #