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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000195 (8)**

1. Corporation Name

HUMAN SERVICES ASSOCIATES, INC.

Principal Place of Business

1703 W. COLONIAL DR.
ORLANDO FL 32804
US

Mailing Address

1703 W. COLONIAL DR.
ORLANDO FL 32804
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/15/1993

4. FEI Number

59-3174674

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

FRANCISCO, FRANK B
1703 W. COLONIAL DRIVE
ORLANDO FL 32804

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

TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	LARRINAGA, JOE	
STREET ADDRESS	5501 HARBORSIDE DR.	
CITY-ST-ZIP	TAMPA FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BEHNKE, JOE	
STREET ADDRESS	14036 MARINE DR.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, TERRI	
STREET ADDRESS	926 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANCISCO, FRANK	
STREET ADDRESS	9519 TOWER PINE DR.	
CITY-ST-ZIP	WINTER GARDEN FL	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McGarry, Neal	
1.3 STREET ADDRESS	2039 N. Meridian Road	
1.4 CITY-ST-ZIP	Tallahassee, FL 32303	

2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Behnke, Joe	
2.3 STREET ADDRESS	14036 Marine Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32832	

3.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Clark, Terri	
3.3 STREET ADDRESS	926 N. Mills Ave	
3.4 CITY-ST-ZIP	Orlando, FL 32801	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: **FRANCISCO, FRANK B** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)