2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N93000000195

Entity Name: HUMAN SERVICES ASSOCIATES, INC.

Current Principal Place of Business:

1703 W. COLONIAL DR.
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

1703 W. COLONIAL DR.
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3174674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCGARRY, NEAL	
Address:	1104 MANGO ISLE	
City-St-Zip:	FT LAUDERDALE, FL 33315	
Title:	STD	( ) Delete
Name:	BEHNKE, JOE	
Address:	14036 MARINE DR.	
City-St-Zip:	ORLANDO, FL 32832	
Title:	D	( ) Delete
Name:	CLARK, TERRI	
Address:	926 N. MILLS AVE.	
City-St-Zip:	ORLANDO, FL 32801	
Title:	PD	( ) Delete
Name:	FRANCISCO, FRANK	
Address:	470 MANOR ROAD	
City-St-Zip:	MAITLAND, FL 32787	
Title:	CD	( ) Delete
Name:	LARRINAGA, JOE	
Address:	5501 HARBORSIDE DRIVE	
City-St-Zip:	TAMPA, FL 33615	
Title:	D	( ) Delete
Name:	COPELAND, TOM	
Address:	1349 BALD EAGLE	
City-St-Zip:	GREENVILLE, FL 32331	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK B. FRANCISCO D 02/05/2009

Electronic Signature of Signing Officer or Director — Date