

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005300 (9)
 1. Corporation Name

THE HUMAN SERVICES PLANNING ASSOCIATION OF SARASOTA COUNTY, INC.



Principal Place of Business: P O BOX 25204 SARASOTA FL 34277-2204
 Mailing Address: P O BOX 25204 SARASOTA FL 34277-2204

3. Date Incorporated or Qualified: 11/16/1993
 3a. Date of Last Report: 02/14/1995

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number: 65-0459837
 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**BROWN, DARYL J
 1819 MAIN ST
 SUITE 1100
 SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CELORIE, DENNIS	
STREET ADDRESS	350 BRADEN AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHEEK, EDWARD	
STREET ADDRESS	3581 ABERDEEN DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODWILL, MIMI	
STREET ADDRESS	1788 OAK LAKES DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALAS, JULIUS E	
STREET ADDRESS	1445 4TH ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	STUTZ, KAREN	
STREET ADDRESS	1575 EASTBROOK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DCE	<input type="checkbox"/> DELETE
NAME	MALKIN, CYNTHIA	
STREET ADDRESS	4089 ROBERTS POINT	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert J. Lane, CPA	
1.3 STREET ADDRESS	1858 Ringling Blvd.	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Pike	
2.3 STREET ADDRESS	300 S. Nokomis Ave.	
2.4 CITY-ST-ZIP	Venice, FL 34285	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: 7/3/96 Daytime Phone #: 941-365-4617

CP2E037 (3/96)