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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 07/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1750 17th Street	26	65-0459837	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fees Required
22 Building M	27	<input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing	Trust Fund Contribution <input type="checkbox"/>
23 Sarasota FL	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30
24 34234	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, DARYL J 1819 MAIN ST SUITE 1100 SARASOTA FL 34236	81 Name: Timothy Dutton 82 Street Address (P.O. Box Number is Not Acceptable): 1750 17th Street, Bldg M 83 84 City: Sarasota FL 85 Zip Code: 34234

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: *Timothy Dutton* DATE: 02-12-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD LANE, ROBERT J CPA 1858 RINGLING BLVD SARASOTA FL	1.1 TITLE	2nd Vice Chair - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ROBERT J CPA	1.2 NAME	Lane, Robert J CPA
STREET ADDRESS	1858 RINGLING BLVD	1.3 STREET ADDRESS	(rest same)
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D PIKE, NANCY 300 S NOKOMIS AVENUE VENICE FL	2.1 TITLE	Treasurer - TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIKE, NANCY	2.2 NAME	Eugene Walsh
STREET ADDRESS	300 S NOKOMIS AVENUE	2.3 STREET ADDRESS	2215 Alpine Avenue
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Sarasota FL 34239
TITLE	D GOODWILL, MIMI 1768 OAK LAKES DR SARASOTA FL 34232	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWILL, MIMI	3.2 NAME	
STREET ADDRESS	1768 OAK LAKES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	
TITLE	D HALAS, JULIUS E 1445 4TH ST SARASOTA FL 34236	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALAS, JULIUS E	4.2 NAME	
STREET ADDRESS	1445 4TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	DCE MALKIN, CYNTHIA 4089 ROBERTS POINT SARASOTA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALKIN, CYNTHIA	5.2 NAME	
STREET ADDRESS	4089 ROBERTS POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Timothy Dutton* DATE: 02-12-97 941-361-6045

CF2E037 (9/96)