


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matheson</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004460 (9)**

1. Corporation Name

**HEALTH AND HUMAN SERVICES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1601 W GULF ATLANTIC HWY  
WILDWOOD FL 34785-6158**

**1601 W GULF ATLANTIC HWY  
WILDWOOD FL 34785-6158**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/23/1996** 3a. Date of Last Report

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** **25**

**29** **30**

4. FEI Number **59-3399024** 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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, PAMELA  
1601 W GULF ATLANTIC HWY  
WILDWOOD FL 34785-6158**

**81** Name **Philip R. Courter**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**121 N.W. Crystal St.**  
**83**  
**84** City **Crystal River** **FL** **85** Zip Code **34428**

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  **Philip R. Courter, treasurer** **7-25-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>President &amp; Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>Herbert G. Clark</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>9200A SW 83 Court</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Ocala, FL 34481</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Philip Courter</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>121 N.W. Crystal St.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Crystal River, FL 34428</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Walter Dry</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3418 Knotty Oaks Circle</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>Earl Samstag</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6726 Grover Cleveland Blvd.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Homosassa Springs, FL 34446</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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)(f), 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.

CP2E037 (4/97)