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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004460

1. Corporation Name

HEALTH AND HUMAN SERVICES FOUNDATION, INC.

Principal Place of Business

1601 W GULF ATLANTIC HWY  
WILDWOOD FL 34785-8158

Mailing Address

1601 W GULF ATLANTIC HWY  
WILDWOOD FL 34785-8158



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/23/1996

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

9. Name and Address of Current Registered Agent

COURTER, PHILIP R  
121 NW CRYSTAL ST.  
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DRY, WALTER	
STREET ADDRESS	3418 KNOLTY OAKS CIR	
CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAMSTAG, EARL	
STREET ADDRESS	6726 GROVER CLEVELAND BLVD	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34446	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DRY, WALTER	
STREET ADDRESS	3418 KNOLTY OAKS CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAMSTAG, EARL	
STREET ADDRESS	6726 GROVER CLEVELAND BLVD.	
CITY-ST-ZIP	HOMASASSA SPRINGS FL 34446	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARRINER, LEONARD	
STREET ADDRESS	2048 NE 45TH ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Treasurer
6.3 STREET ADDRESS	Courter, Philip R.
6.4 CITY-ST-ZIP	121 N.W. Crystal St. Crystal River FL 34428

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, with all other like empowered.

SIGNATURE:

*Philip R. Courter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-99 352-795-2156

CR2E037 (11/98)