

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40929

(2)

1. Corporation Name

GATOR HUMAN SERVICES, INC.

Principal Place of Business

1117 NE 39TH BLVD.
OKEECHOBEE FL 34972
US

Mailing Address

15100 MACK AVENUE
GROSSE POINTE PARK MI 48230



3. Date Incorporated or Qualified
10/14/1992

3a. Date of Last Report
05/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
38-3073688

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

10. Name and Address of New Registered Agent

ZLOCZOVER, VIRGINIA
801 S.W. 34TH AVENUE
BOYNTON BEACH FL 33435

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD ☐ DELETE
NAME WOLLACK, ROBERT
STREET ADDRESS 15100 MACK AVENUE
CITY-ST-ZIP GROSSE POINTE PK MI 48230

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME WARHURST, RONALD
STREET ADDRESS 8341 ISLAND LAKD RD #1
CITY-ST-ZIP DEXTER MI 48169

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS WALSH, JAMES F.
2.4 CITY-ST-ZIP 22350 WORCESTER
NOVI, MI 48374

TITLE SD ☐ DELETE
NAME ZLOCZOVER, VIRGINIA
STREET ADDRESS 801 S.W. 34TH AVENUE
CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME KINTZ, BRUCE
STREET ADDRESS 3844 PRATT
CITY-ST-ZIP ANN ARBOR MI

4.1 TITLE ☒ Change ☒ Addition
4.2 NAME T
4.3 STREET ADDRESS BLUMENFELD, ROBERT
4.4 CITY-ST-ZIP 43422 WEST OAKS DR #176
NOVI, MI 48377

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

313-824-4400

Daytime Phone #

CR2E037 (12/95)