## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101385

HUMAN TOUCH SUPPORT COORDINATION, INC. P96000101385 (8)

## **FILED** Jan 30 1998 8:00am Secretary of State

Principal Place 8028 SONGBI PENSACOLA I	RD DRIVE	Mailing Address P.O. BOX 10480 PENSACOLA FL 32524		DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified 01/01/1997	
2. Principal P	lace of Business	26. Mailing Address 26 P.O. Box 1048	50	4. FEI Number 59-3413909	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FL	Election Campaign Financing	\$5.00 May Be
Zip	Country	28 1=10 34CD4C	Country	Trust Fund Contribution      This corporation owes or has paid the	Added to Fees
24 3250			o Escambia	Personal Property Tax due June 30.	☐ Yes ☐ No
DIC	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
6028 GUNGRIDU UDIVE					·
PENSACOLA FL 32503			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City		. 85 Zip Code
11 Purcuent	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named corne	pration submits this statement for the ourness	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, or both, and accept the obligations of Section 607.0506. Florida Statutes					
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  123/78					
	Signatura, typed or printed name of registered agent	and Inin if applicable (NOTE F	Registered Agent signature requires		
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME	RICH, DAVID A	DELETIC	1.1 TITLE 1.2 NAME		□ Culande □ Vogetion
STREET ADDRESS	6028 SONGBIRD DRIVE		1.3 STREET ADDRESS		8
CITY-ST-ZIP	PENSACOLA FL 32503		14 CITY-ST-ZIP		إ
TITLE	VP	☐ DELETE	21 TITLE		Change Addition
NAME	RICH, PATRICIA A		2.2 NAME		
STREET ADDRESS	6028 SONGBIRD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		2. 4 CITY-S7-7IP		
TITLE		DELETE	31 TITLE		L_ Change L_ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP		Change Addition
		☐ Streit	4.1 TITLE 4.2 NAME		Change C Addition
NAME CTREET ADDRESS			l i		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZIP 5.1 Title		Change Addition
NAME			5.2 NAME		T ANSWER T MORROW
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 1IILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		İ	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY- ST- ZIP		
	ortifu that the information availand with	this films does not qualify for t	the annual and the C	Coation 110 07/3Vi) Florida Statulos I further	postification the information

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, I further certify that the informatio indicated on this annual report or supplemental arrural 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.