

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:54

DOCUMENT # **F93000005497 (3)**

1. Corporation Name

**HUMAN GROWTH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

7777 LEESBURG PKE #202 S  
FALLS CHURCH VA 22043

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FALLS CHURCH VA 22043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/03/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>16-0913012</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
24	30

9. Name and Address of Current Registered Agent

DEMARZO, JEANNIE  
8971 NW 13TH CT.  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 agent 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD MD, CAMPBELL P	1.2 NAME	
STREET ADDRESS	24TH & GILLHAM ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	KANSAS CITY MD	1.4 CITY - ST - ZIP	64108
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAACSON, BARRY	2.2 NAME	
STREET ADDRESS	3428 PARK PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	EVANSTON IL	2.4 CITY - ST - ZIP	60201
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, PAT	3.2 NAME	
STREET ADDRESS	467 ARTHUR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHREVEPORT LA	3.4 CITY - ST - ZIP	71105
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, FRANK B	4.2 NAME	
STREET ADDRESS	9233 WARD PARKWAY #240	4.3 STREET ADDRESS	9400 MISSION RD
CITY - ST - ZIP	KANSAS CITY MO	4.4 CITY - ST - ZIP	PRAIRIE VILLAGE, KS 66206
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Frank B.W. McCollum Frank B.W. McCollum 4/25/95 (913) 648-7272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #