


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90177 032 ****61.25

DOCUMENT # N03000009892

1. Entity Name
ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT, INCORPORATED



Principal Place of Business
**381 SAINT HEBRON ROAD
 QUINCY, FL 32351 US**

Mailing Address
**P. O. BOX 258
 MIDWAY, FL 32343 US**

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04272004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**SMITH, JAMES
 381 SAINT HEBRON RD.
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|--|---|--|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JAMES | | | NAME | | | |
| STREET ADDRESS | 381 SAINT HEBRON RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | QUINCY, FL 32351 | | | CITY-ST-ZIP | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRICE, KAPIS | | | NAME | | | |
| STREET ADDRESS | 1120 SAINT HEBRON RD. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | QUINCY, FL 32351 | | | CITY-ST-ZIP | | | |
| TITLE | BRDM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALAN, RICHARD | | | NAME | | | |
| STREET ADDRESS | 209 CHINA DOLL DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | | CITY-ST-ZIP | | | |
| TITLE | BRDM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, PHILLIP C | | | NAME | | | |
| STREET ADDRESS | 4138 LONNIE GRAY DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32305 | | | CITY-ST-ZIP | | | |
| TITLE | BRDM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LOCKLEY, LENDEL | | | NAME | | | |
| STREET ADDRESS | 1227 HERNANDO DR. | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32304 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Smith James Smith 27 April 04 850 627-9200

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #