

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000009892

Entity Name: ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

381 SAINT HEBRON ROAD
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 258
MIDWAY, FL 32343 US

New Mailing Address:

FEI Number: 76-0739630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JAMES
Address: 381 SAINT HEBRON RD.
City-St-Zip: QUINCY, FL 32351 US

Title: VP () Delete
Name: PRICE, KAPIS
Address: 1120 SAINT HEBRON RD.
City-St-Zip: QUINCY, FL 32351 US

Title: BRDM () Delete
Name: ALAN, RICHARD
Address: 209 CHINA DOLL DR.
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: BRDM () Delete
Name: SMITH, PHILLIP C
Address: 4138 LONNIE GRAY DR.
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: BRDM () Delete
Name: LOCKLEY, LENDEL
Address: 1227 HERNANDO DR.
City-St-Zip: TALLAHASSEE, FL 32304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SMITH

Electronic Signature of Signing Officer or Director

MR.

04/30/2005

Date