2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 AM
Secretary of State

DOCUMENT# N14111

Entity Name: FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.

Current Principal Place of Business:

2605 DRITWOOD RD. S.
SAINT PETERSBURG, FL 33705 US

New Principal Place of Business:

612 N. EXCELDA AVE.
TAMPA, FL 33609 US

Current Mailing Address:

P O BOX 13303
ST PETERSBURG, FL 337333303 US

New Mailing Address:

612 N. EXCELDA AVE.
TAMPA, FL 33609 US

FEI Number: 59-2685559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARDNER, SUSAN R
750 94TH AVE N
SUITE 213
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

NUEESCH, FRITZ
1222 RAINBROOK CIRCLE
VALRICO, FL 33594 US

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: FRITZ NUEESCH 04/15/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: NUEESCH, FRITZ
Address: 1222 RAINBROOK CICLE
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: EFFINGER, JOHN
Address: 2301 22ND AVE SO.
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: ED (X) Delete
Name: BROOKS, MAIDA
Address: P.O. BOX 66715
City-St-Zip: ST. PETERSBURG, FL 33736

Title: D ( ) Delete
Name: NEAL-PORE, HELEN
Address: 612 N EXCELDA AVE
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: PARRISH, ANGIE
Address: 7650 W COURTNEY CAMPBELL PARKWAY
City-St-Zip: TAMPA, FL 33607

Title: DPS ( ) Delete
Name: RINGOLD, CAROL
Address: 2605 DRIFTWOOD RD. S
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: NUEESCH, FRITZ
Address: 1222 RAINBROOK CIRCLE
City-St-Zip: VALRICO, FL 33594

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: FRITZ NUEESCH T 04/15/2002
Electronic Signature of Signing Officer or Director Date