

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009892

**FILED**  
**Jan 11, 2015**  
**Secretary of State**  
**CC0271524055**

**Entity Name:** ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT,  
INCORPORATED

**Current Principal Place of Business:**

381 SAINT HEBRON ROAD  
QUINCY, FL 32351

**Current Mailing Address:**

P. O. BOX 258  
MIDWAY, FL 32343 US

**FEI Number: 76-0739630**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SMITH, JAMES  
Address 381 SAINT HEBRON RD.  
City-State-Zip: QUINCY FL 32351

Title VP  
Name PRICE, KAPIS  
Address 1120 SAINT HEBRON RD.  
City-State-Zip: QUINCY FL 32351

Title BRDM  
Name ALAN, RICHARD  
Address 381 SAINT HEBRON ROAD  
City-State-Zip: QUINCY FL 32351

Title BRDM  
Name SMITH, CONNIE P  
Address 3530 ATTAPULGUS HWY  
City-State-Zip: QUINCY FL 32352

Title BRDM  
Name LOCKLEY, LENDEL  
Address 1227 HERNANDO DR.  
City-State-Zip: TALLAHASSEE FL 32304

*I hereby 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 all other like empowered.*

**SIGNATURE: SMITH, JAMES**

**PRESIDENT**

**01/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date