

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009892

Entity Name: ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT,
INCORPORATED**FILED**
Feb 27, 2016
Secretary of State
CC7331891878**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: No****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: JAMES SMITH**PRESIDENT****02/27/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date