

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009892

Entity Name: ORGANIZATION FOR LEARNING AND HUMAN DEVELOPMENT,
INCORPORATED**Current Principal Place of Business:**2138 PIEDMONT
ORLANDO, FL 32805**Current Mailing Address:**POST OFFICE BOX 93472
LAKELAND, FL 33804 US**FEI Number: 76-0739630****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRADWAY, JACQUELYN
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	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

Title	CEO
Name	HODGES, HOLLARD
Address	381 SAINT HEBRON RD.
City-State-Zip:	QUINCY FL 32351

Title	D
Name	BAKARI, FABIAN
Address	4861 TREVINO CIRCLE
City-State-Zip:	DULUTH GA 30096

Title	D
Name	BOXIE, SHELLITA
Address	7728 CLARACONA-OCOEE ROAD
City-State-Zip:	CLARACONA FL 32710

Title	ST
Name	BRADWAY, JACQUELYN
Address	POST OFFICE BOX 93472
City-State-Zip:	LAKELAND FL 33804

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: JACQUELYN BRADWAY**ST****02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date