FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741421 (2)

1. Corporation Name
HUMAN DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
3809 N. TAMPA STREET TAMPA FL 33603 US	3809 N. TAMPA STREET TAMPA FL 33603 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1978
3a. Date of Last Report: 03/31/1994
4. FEI Number: 59-1825942 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
* BELL, JAMES 3809 N. TAMPA STREET TAMPA FL 33603	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 05/05/95
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	President-Elect	☒ Change ☐ Addition
NAME	WATERS, C J	12 NAME		
STREET ADDRESS	706 W HILDA STR	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603-3102	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LAVIELLE, ROB	22 NAME		
STREET ADDRESS	11209 NO DALE MABRY HWY	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	Past President	☒ Change ☐ Addition
NAME	ELBARE, SUSAN	32 NAME		
STREET ADDRESS	1000 E CRENSHAW	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MATSON, CHARLES	42 NAME		
STREET ADDRESS	10319 MAIN STREET, LOT A-6	43 STREET ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE	President	☒ Change ☐ Addition
NAME	LOCKLEAR, ELIZABETH	52 NAME		
STREET ADDRESS	109 E WOODLAWN AVE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Secretary	☒ Change ☐ Addition
NAME	MOHME, JOHN	62 NAME		
STREET ADDRESS	5300 W CYPRESS STR, STE 261	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607	64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 05/05/95 813-227-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #