

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 741421 (2)**

1. Corporation Name

**HUMAN DEVELOPMENT CENTER, INC.**

Principal Place of Business

**3809 N. TAMPA STREET  
TAMPA FL 33603  
US**

Mailing Address

**3809 N. TAMPA STREET  
TAMPA FL 33603  
US**



3. Date Incorporated or Qualified  
**01/23/1978**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BELL, JAMES  
3809 N. TAMPA STREET  
TAMPA FL 33603**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PE**

☐ DELETE

NAME

**WATERS, C J**

STREET ADDRESS

**708 W HILDA STR**

CITY - ST - ZIP

**TAMPA FL 33603-3102**

TITLE

**BS**

☐ DELETE

NAME

**LAVELLE, ROB**

STREET ADDRESS

**11209 NO DALE MABRY HWY**

CITY - ST - ZIP

**TAMPA FL 33618**

TITLE

**ED**

☐ DELETE

NAME

**ELBARE, SUSAN**

STREET ADDRESS

**1000 E CRENSHAW**

CITY - ST - ZIP

**TAMPA FL 33604**

TITLE

**BD**

☐ DELETE

NAME

**MATSON, CHARLES**

STREET ADDRESS

**10319 MAIN STREET, LOT A-6**

CITY - ST - ZIP

**THONOTOSASSA FL**

TITLE

**PE**

☐ DELETE

NAME

**LOCKLEAR, ELIZABETH**

STREET ADDRESS

**109 E WOODLAWN AVE**

CITY - ST - ZIP

**TAMPA FL 33603**

TITLE

**SD**

☐ DELETE

NAME

**MOHME, JOHN**

STREET ADDRESS

**5300 W CYPRESS STR, STE 261**

CITY - ST - ZIP

**TAMPA FL 33607**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PE**

☒ Change ☐ Addition

1.2 NAME

**WATERS, C J**

1.3 STREET ADDRESS

**708 W HILDA ST**

1.4 CITY - ST - ZIP

**TAMPA, FL 33603-3102**

2.1 TITLE

**S**

☒ Change ☐ Addition

2.2 NAME

**LAVIELLE, ROB**

2.3 STREET ADDRESS

**11209 N DALE MABRY HWY**

2.4 CITY - ST - ZIP

**TAMPA, FL 33618**

3.1 TITLE

**D**

☒ Change ☐ Addition

3.2 NAME

**ELBARE, SUSAN**

3.3 STREET ADDRESS

**1000 E CRENSHAW**

3.4 CITY - ST - ZIP

**TAMPA, FL 33604**

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

**P**

☒ Change ☐ Addition

5.2 NAME

**LOCKLEAR, ELIZABETH**

5.3 STREET ADDRESS

**109 E WOODLAWN AVE**

5.4 CITY - ST - ZIP

**TAMPA, FL 33603**

6.1 TITLE

**D**

☒ Change ☐ Addition

6.2 NAME

**MOHME, JOHN**

6.3 STREET ADDRESS

**5300 W CYPRESS ST, STE 261**

6.4 CITY - ST - ZIP

**TAMPA, FL 33607**

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)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)