

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33603-4743 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/23/1978		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1825942		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PE	<input type="checkbox"/> DELETE		1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WATERS, C J			1.2 NAME	CARL WATKINS		
STREET ADDRESS	708 W HILDA STR			1.3 STREET ADDRESS	7345 JACKSON SPRINGS RD		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA, FL 33634		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAVIELLE, ROB			2.2 NAME	BARBARA DENOME		
STREET ADDRESS	11209 NO DALE MABRY HWY			2.3 STREET ADDRESS	4807 N MACDILL AVE		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	TAMPA, FL 33614		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELBARE, SUSAN			3.2 NAME			
STREET ADDRESS	1000 E CRENSHAW			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATSON, CHARLES			4.2 NAME			
STREET ADDRESS	10319 MAIN STREET, LOT A-6			4.3 STREET ADDRESS			
CITY-ST-ZIP	THONOTOSASSA FL			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOCKLEAR, ELIZABETH			5.2 NAME			
STREET ADDRESS	109 E WOODLAWN AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHME, JOHN			6.2 NAME			
STREET ADDRESS	5300 W CYPRESS STR, STE 281			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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: _____

CR2E037 (9/96)