## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 741421** 

FILED Mar 20, 2006 Secretary of State

Entity Name: HUMAN DEVELOPMENT CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5904 N. ARMENIA AVE.

STE A

TAMPA, FL 33603

**New Mailing Address: Current Mailing Address:** 

5904 N. ARMENIA AVEUE 5904 N. ARMENIA AVENUE TAMPA. FL 33603 TAMPA, FL 33603 US

FEI Number: 59-1825942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BELL, JAMES 5904 N. ARMENIA AVENUE TAMPA, FL 33603

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:

Title:

Title:

Electronic Signature of Registered Agent

Date

(X) Change ( ) Addition

## **OFFICERS AND DIRECTORS:**

( ) Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition DENOME, SAM SLOAN, KELLY Name: Name: 3008 LAKE ELLEN DRIVE Address: 9918 ALAVISTA DRIVE Address:

City-St-Zip: TAMPA, FL 33612 City-St-Zip: GIBSONTON, FL 33534

Name: SLOAN, KELLY Name: PETSCHOW, ROBERT Address: 9918 ALTAVISTA DR Address: 1701 20TH AVENUE

City-St-Zip: GIBSONTON, FL 33534 City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Delete Title: (X) Change ( ) Addition WATERS, JACK O'STEEN, STEVE Name: Name: 708 W. HILDA ST. 1210 TUXFORD DRIVE Address: Address:

City-St-Zip: TAMPA, FL 33603 City-St-Zip: BRANDON, FL 33511

Title: ( ) Delete Title: TR (X) Change ( ) Addition

Name: PETSCHOW, BOB Name: DENOME, SAMUEL 3008 LAKE ELLEN DRIVE Address: 401 79TH AVE NE Address: City-St-Zip: SAINT PETERSBURG, FL 33702 City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete Title: (X) Change ( ) Addition O'STEEN, STEVE WATERS, JACK Name: Name:

1210 TAXFORD DR. 708 W HILDA STREET Address: Address: BRANDON, FL 33511 City-St-Zip: City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Ρ SIGNATURE: KELLY SLOAN 03/20/2006