2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

DOCUMENT# 741421

Entity Name: HUMAN DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

5904 NORTH ARMENIA AVE
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

5904 NORTH ARMENIA AVE
TAMPA, FL 33603 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BELL, JAMES L EXE DIR
5904 NORTH ARMENIA AVE
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TR
Name: SLOAN, KELLY
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: P
Name: PETSCHOW, ROBERT
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: TS
Name: O'STEEN, STEVE
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: TR
Name: DENOME, SAMUEL
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: TR
Name: WATERS, JACK
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

Title: TR
Name: KIMMERLE, ERIN
Address: 5904 NORTH ARMENIA AVE
City-St-Zip: TAMPA, FL 33603 US

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: JAMES L. BELL EXD 01/03/2011

Electronic Signature of Signing Officer or Director — Date