2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-28-2003 90506 019 ****61.25

55040563

DOCUMENT # 741421

1. Entity Name
HUMAN DEVELOPMENT CENTER, INC.

Principal Place of Business	Mailing Address
3809 N. TAMPA STREET TAMPA FL 33603 US	5904 N. ARMENIA AVEUE A TAMPA FL 33603 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5904 N. Armenia Ave	
Suite, Apt. #, etc.: Suite A1	Suite, Apt. #, etc.
City & State: Tampa FL	City & State
Zip: 33603 Country: USA	Zip / Country

4. FEI Number 59-1825942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELL, JAMES 5904 N. ARMENIA AVENUE SUITE A TAMPA FL 33603	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ April 21, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PT~~ Past President NEWMAN, K C 3001 SAMARA DR TAMPA FL 33618	☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Steve O'Steen 1210 Taxford DR Brandon, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GREEN, LENA Y 3406 N AVALON AVE TAMPA FL 33609-5909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Jack Waters 708 W. Hilda St. Tampa, FL 33603	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATKINS, CARL 7345 JACKSON SPRINGS TAMPA FL 33634	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PET~~ President PETSCHOW, BOB 401 79TH AVE NE SAINT PETERSBURG FL 33702	☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PET~~ WILLIAMS, REBECCA 3424 W SAINT CONARD ST TAMPA FL 33607	☒ Delete OK	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED James Bell 4-21-03 813-872-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #