FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F9300005497 (3)

HUMAN GROWTH FOUNDATION, INC.

Principa' Place of Business Mailing Address

7777 LEESBURG PIKE #202 S
FALLS CHURCH VA 22043 FALLS CHURCH VA 22043



7777 LEESBURG PIKE #202 S FALLS CHURCH VA 22043			FALLS CHURCH VA 22043					ļ			
								3. Date Incorporated or Qualified 12/03/1993	3a. Date of L 05/0		
2. Principal Plac	ce of Business	2a	. Mailing Address				4. FEI Number		Ap	oplied For	
1				J				16-0913012		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
2				27				S. Starting Campaign Financing			May Be
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution			to Fees
Zip	Col	ıntry	1201	Zip		Country		8. This corporation has liability for in	ntangible tax und	er s. 1	99.032,
4	25	,	29		30			Florida Statutes	Yes No		
<u></u>		dress of Current	Regi	stered Agent				10. Name and Address of New R	egistered Agent	<u> </u>	
						81	Name				
DEMARZ	O. JEANNIE					82	Street	Address (P.O. Box Number is Not Acceptable	le)		
8971 NW 13TH CT.											
	SPRINGS FL 330	71				83					
						84	City		65	Zip	Code
•								orporation submits this statement for the pur	<u> </u>	<u>L</u>	
familiar wit	h, and accept the o	oligations of, Secti	On to Li	7.0505, Fidiloa Statutes	э.			board of directors. I hereby accept the appoint	DATE		
_	Signature, typed or printed					tered Age	ni signature r	equired when roinstating? ADDITIONS/CHANGES TO OFF	-	CIO	3S IN 12
12.	DA.	OFFICERS AND) DIRE	DELETE		i a. I a title		ALTHORS CHARGES TO CA	Cha		Addition
TITLE	PD NOWADO MO	CAMPOELL D		Kaperere		1.2 NAMÉ			_		_
NAME	HOWARD MD,						T ADDRESS				
STREET ADDRESS	24TH & GILLH KANSAS CITY					1.4 CITY -					
CITY-ST-ZIP	VD VD	MU		DELETE		2 1 TITLE	51 - ZIF	SD	₽ Ch	ange	Addition
TITLE	ISAACSON, B	ADDV		Control		2 2 NAME		SD	A		
NAME	3428 PARK P						T ADORESS				
STREET ADDRESS	EVANSTON IL					2 4 CITY					
CITY-ST-ZIP TITLE	SO	<u> </u>		DELETE		3 1 TIFLE			□ Ch	ange	Addition
NAME	YOUNG, PAT			Æ		3 2 NAME					
STREET ADORESS	467 ARTHUR					3.3 STREE	T ADDRESS				
CITY-ST-ZIP	SHREVEPORT	LA			I	3.4. CITY	-ST - ZIF				
TITLE	TO			DELETE		4.1 TITLE		P'D	₩ Ch	ange	Addition
NAME	MCCOLLUM,	Frank B			1	4 2 NAM	E				
STREET ADDRESS	9400 MISSIOI					4 3 STREI	T ADDRESS	1			
CITY-ST-ZIP	PRAIRIE VILL	AGE KS			1	4.4 CITY					KV Additor
TITLE				DELETE	•	5 1 TITLE		□ D	Ct	ange	XI Addition
NAME					ļ	5 2 NAMI		John Hickey			
STREET ADDRESS						53 STRE	ET ADDRESS	2704 Hazelwood Ave			
CITY-ST-ZIP						54 CITY		Dayton, OH 45419		hange	☐ Addition
TITLE				DELETE		6 1 TITLE			47	-	
NAME					1	62 NAM		1000018; -05/20/9601	2907.0	Į	
STREET ADDRESS					1		et address	-05/20/96014	U40U G B	•	
CITY-ST-ZIP						64 CITY	-ST-ZIP	###E1 25 lalify for the exemption stated in Section 119	07/3/fb) Florida	State	toc I further

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 Junier 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 certify that I am an officer or director of the corporation or the receiver or trustee in powerful 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 Date (703)883-1773

Daytime Phone #