


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **F93000005497 (3)**

1. Corporation Name

HUMAN GROWTH FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

16-0913012

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMARZO, JEANNIE
8971 NW 13TH CT.
CORAL SPRINGS FL 33071**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **ISAACSON, BARRY**
STREET ADDRESS **3428 PARK PLACE**
CITY-ST-ZIP **EVANSTON IL**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Sharon Ross**
1.3 STREET ADDRESS **2820 Queen Anne Ave. N.**
1.4 CITY-ST-ZIP **Seattle WA 98109**

TITLE **TD** ☐ DELETE
NAME **HICKEY, JOHN**
STREET ADDRESS **2704 HAZELWOOD AVE.**
CITY-ST-ZIP **DAYTON OH 45419**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **MCCOLLUM, FRANK B**
STREET ADDRESS **9400 MISSION RD.**
CITY-ST-ZIP **PRAIRIE VILLAGE KS**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
NAME **O'CONNOR, DONNA**
STREET ADDRESS **16 BUNKER HILL RD**
CITY-ST-ZIP **SHREWSBURY MD**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

SIGNATURE *John Hickey*

JAN. 17, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)