FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14111 (1)

1. Corporation Name

FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
4114 YELLOWWOOD DR. VALRICO FL 33594 US	4114 YELLOWWOOD DR. VALRICO FL 33594 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1986
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2685559 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SPITTLE, ELSIE B.
4114 YELLOWWOOD DR.
VALRICO FL 33594

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	VSD	1.1 TITLE	C D ☑ Change ☐ Addition
NAME	KROT, SANDRA M.	1.2 NAME	
STREET ADDRESS	5118 BRANCH AVENUE	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SPITTLE, ELSIE	2.2 NAME	
STREET ADDRESS	4114 YELLOWOOD DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	VALRICO FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	T D ☑ Change ☐ Addition
NAME	CHIPMAN, A.G.	3.2 NAME	
STREET ADDRESS	1118 TUXFORD DR.	3.3 STREET ADDRESS	
CITY ST ZIP	BRANDON FL	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, EUGENIA	4.2 NAME	
STREET ADDRESS	700 TWIGGS ST., SUITE 800	4.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	VPD ☐ Change ☑ Addition
NAME		5.2 NAME	Rita Shuford
STREET ADDRESS		5.3 STREET ADDRESS	505 W Davis Blvd
CITY ST ZIP		5.4 CITY ST ZIP	Tampa, FL 33606
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 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: Elsie B. Spittle — Elsie B. Spittle — 4-13-95 — (813)685-6774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063112