

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14111 (1)**  
1. Corporation Name  
**FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.**



Principal Place of Business <del>4114 YELLOWWOOD DR.</del> <b>1118 Tuxford Dr.</b> <del>VALRICO FL 33594</del> <b>Brandon, FL</b> <del>US</del> <b>33511</b>	Mailing Address <del>4114 YELLOWWOOD DR.</del> <del>VALRICO FL 33594</del> <del>US</del>
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2. Principal Place of Business 21 <b>1118 Tuxford Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Brandon, FL</b> Zip 24 <b>33511</b>	2a. Mailing Address 26 <b>1118 Tuxford Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Brandon, FL</b> Zip 29 <b>33511</b>
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3. Date Incorporated or Qualified <b>03/31/1986</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-2685559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 **Spittle, Elsie B**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1118 Tuxford Dr.**  
83  
84 City **Brandon** **FL** 85 Zip Code **33511**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **5-1-97**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITTLE, ELSIE 4114 YELLOWWOOD DRIVE VALRICO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CHIPMAN, A.G. 1118 TUXFORD DR. BRANDON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMSON, EUGENIA 700 TWIGGS ST., SUITE 800 TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD SPITTLE, ELSIE 4840 Park Terrace Drive Long Beach, CA 90804
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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: **Elsie Spittle** **5-1-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Elsie Spittle** (562) 597-4178

CR2E037 (9/96)