SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98 $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **N14111** **(1)**

1. Corporation Name

FLORIDA CENTER FOR HUMAN DEVELOPMENT, INC.

Principal Place of Business	*Mailing Address*
1118 TUXFORD DR [redacted] BRANDON FL 33511 US	1118 TUXFORD DR BRANDON FL 33511 US

2. Principal Place of Business
21 750 94th Ave N [redacted]
22 Suite, Apt. #, etc. 213
23 City & State St Petersburg FL
24 Zip 33702 25 Country USA

2a. Mailing Address
26 PO Box 13303
27 Suite, Apt. #, etc.
28 City & State St Petersburg FL
29 Zip 33733-3303 30 Country USA

3. Date Incorporated or Qualified
03/31/1986

4. FEI Number
59-2685559
[ ] Applied For
[ ] Not Applicable

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. Is this nonprofit corporation a homeowners association?
[ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

SPITTLE, ELSIE B.
1118 TUXFORD DR
BRANDON FL 33511

10. **Name and Address of New Registered Agent**

B1 Name Susan R Gardner
B2 Street Address (P.O. Box Number is Not Acceptable)
750 94th Ave N
B3 Suite 213
B4 City St Petersburg FL 85 Zip Code 33702

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 Susan R Gardner
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 9/28/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[X] DELETE	1.1 TITLE	PRESIDENT, TREASURER	[ ] Change [X] Addition
NAME	SPITTLE, ELSIE		1.2 NAME	Gardner, Susan R	
STREET ADDRESS	4840 PARK TERR DR		1.3 STREET ADDRESS	750 94th Ave N Suite 213	
CITY-ST-ZIP	LONG BEACH CA		1.4 CITY-ST-ZIP	St Petersburg FL 33702	
TITLE	TSD	[ ] DELETE	2.1 TITLE	SECRETARY, VICE PRESIDENT	[X] Change [ ] Addition
NAME	CHIPMAN, A.G.		2.2 NAME	CHIPMAN, A.G.	
STREET ADDRESS	1118 TUXFORD DR.		2.3 STREET ADDRESS	1118 TUXFORD DR	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	CD	[ ] DELETE	3.1 TITLE	CHAIRMAN, DIRECTOR	[X] Change [ ] Addition
NAME	WILLIAMSON, EUGENIA		3.2 NAME	WILLIAMSON, EUGENIA	
STREET ADDRESS	700 TWIGGS ST., SUITE 800		3.3 STREET ADDRESS	829 W DREWING BLVD	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	TAMPA FL 33603-3331	
TITLE		[ ] DELETE	4.1 TITLE	DIRECTOR	[ ] Change [X] Addition
NAME			4.2 NAME	NEAL-PORE, HELEN	
STREET ADDRESS			4.3 STREET ADDRESS	612 N EXCELDA AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		[ ] DELETE	5.1 TITLE	~~PARRISH, ANGIE~~ DIRECTOR	[ ] Change [X] Addition
NAME			5.2 NAME	PARRISH, ANGIE	
STREET ADDRESS			5.3 STREET ADDRESS	7650 W. COURNEY CAMPBELL PARKWAY	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA FL 33607	
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: Susan R Gardner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/28/98

Daytime Phone # 727 574-1020