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

FILE
95 JUL -7 /
SECRETARY O
TALLAHASSEE ,

DOCUMENT # N40625 (8)

1. Corporation Name

HUMAN DEVELOPMENT EDUCATIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 3733 PORT CHARLOTTE FL 33949-3733	PO BOX 3733 PORT CHARLOTTE FL 33949-3733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1990	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0224129	☐ 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. 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	

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

9. Name and Address of Current Registered Agent

DECKY, LOIS
1185 PRESQUE ISLE DR
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	OM	1.1 TITLE		☐ Change ☐ Addition
NAME	DECKY, LOIS	1.2 NAME		
STREET ADDRESS	1185 PRESQUE ISLE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, SAMMIE M	2.2 NAME		
STREET ADDRESS	327 STRASBURG DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	DECKY, RICHARD	3.2 NAME		
STREET ADDRESS	1185 PRESQUE ISLE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, CONSTANCE	4.2 NAME		
STREET ADDRESS	327 STRASBURG DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP		
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	LUCAS, ALVIN J	5.2 NAME		
STREET ADDRESS	2762 A TAMIAMI TR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, JOHN	6.2 NAME		
STREET ADDRESS	20263 KINDERKEMAC	6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	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)(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: Lois Decky - Lois Decky - 7/1/95 (941)629-9983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061066