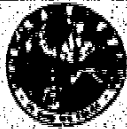


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N40625 (8)
1. Corporation Name
HUMAN DEVELOPMENT EDUCATIONAL SERVICES, INC.

FILE
95 JUL -7
SECRETARY OF
TALLAHASSEE

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

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

5. Certificate of Status Desired ☐ \$0.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. Nonprofit with IRS 501(c)(3) ☒ \$68.75 Supplemental
Tax Exempt Status 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

10. Name and Address of New Registered Agent

DECKY, LOIS
1185 PRESQUE ISLE DR
PORT CHARLOTTE FL 33952

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE **DM**
NAME **DECKY, LOIS**
STREET ADDRESS **1185 PRESQUE ISLE DR**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **PD**
NAME **BROOKS, SAMMIE M**
STREET ADDRESS **327 STRASBURG DR**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **DV**
NAME **DECKY, RICHARD**
STREET ADDRESS **1185 PRESQUE ISLE DR**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **DS**
NAME **BROOKS, CONSTANCE**
STREET ADDRESS **327 STRASBURG DR**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **DT**
NAME **LUCAS, ALVIN J**
STREET ADDRESS **2762 A TAMiami TR**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **D**
NAME **BEASLEY, JOHN**
STREET ADDRESS **20203 KINDERKEMAC**
CITY - ST - ZIP **PORT CHARLOTTE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(d), 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 017, 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 #