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Secretary of State
05-16-2007 90021 019 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000798

1. Entity Name
INTERACT COUNCIL FOR HUMAN DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
704 BRUNNELL PKWY LAKELAND, FL 33815	P.O. BOX 550 LAKELAND, FL 33802

66019542

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3161354

5. Certificate of Status Desired ☐ $8 Fee

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Age
LAIDLER, JR, WALTER K 704 BRUNNELL PKWY/PO BOX 550 LAKELAND, FL 33802	Name Street Address (P.O. Box Number is Not Acceptable) City FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fam the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check pa Florida Departme

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO LAIDLER, WALTER K, JR 339 HOWARD AVE/POB 1271 LAKELAND, FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WANDA H, JACKSON 4311 CREEKGLEN LANE LAKELAND, FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T MIRANDA, SLOAN 2025 SYLVESTER RD, UNIT L2 LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, CAPPIE D. 5705 LAKE LUTHER RD. LAKELAND, FL 33805	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Justin Daley 712 Limber Lane Lakeland, FL 33810 ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIANE H, ROBINSON 1445 LOETLLA AVE LAKELAND, FL 33805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMAAL, JOHNSON 2606 HWY 60 E PLANT CITY, FL 33567	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify t indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 Bl changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____