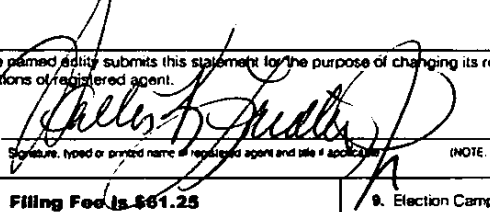


FILED
Jun 21, 2007 8:00 am
Secretary of State

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 704 BRUNNELL PKWY LAKELAND, FL 33815		Mailing Address P.O. BOX 550 LAKELAND, FL 33802	
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 LAIDLER, JR. WALTER K 704 BRUNNELL PKWY/PO BOX 550 LAKELAND, FL 33802		7. Name and Address of New Registered Agent 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 familiar with the obligations of registered agent.			
SIGNATURE 		DATE	
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 payable to Florida Department of Revenue			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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 ☒ 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 JAMMAL, JOHNSON 2606 HWY 60 E PLANT CITY, FL 33567 ☒ 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 that the information 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 member of the corporation or the officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 11, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 