FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004011 (3)**

1. Corporate Name

HUMAN RESOURCES / CRANE CREEK CONSERVATORY, INC.

Principal Place of Business	Mailing Address
P O BOX 033813 INDIALANTIC FL	P O BOX 033813 INDIALANTIC FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/02/1993**

3a. Date of Last Report: **07/28/1994**

4. FEI Number: **59-3146705** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — County — 25 / 30

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

9. Name and Address of Current Registered Agent

BLAZ, HOWARD
501 E MELBOURNE AVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 _____ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BLAZ, NANCY	12 NAME	
STREET ADDRESS	501 E MELBOURNE AVE	13 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FOELSCH, LILLIAN	22 NAME	
STREET ADDRESS	3041 OHIO ST	23 STREET ADDRESS	
CITY ST ZIP	WEST MELBOURNE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BLAZ, HOWARD	32 NAME	
STREET ADDRESS	501 E MELBOURNE AVE	33 STREET ADDRESS	
CITY ST ZIP	MELBOURNE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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: [signature] HOWARD BLAZ 4/27/95 407 952-7325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031870