

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000013 (0)**

1. Corporation Name

FLORIDA HUMAN RESOURCES DEVELOPMENT, INC.



Principal Place of Business 816 LEOPARD TRAIL WINTER SPRINGS FL 32708	Mailing Address 816 LEOPARD TRAIL WINTER SPRINGS FL 32708
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
01/02/1996

4. FEI Number
59-3351813

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent FROMAN, RONALD D 816 LEOPARD TRAIL WINTER SPRINGS FL 32708	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDARAE, MARTIN	1.2 NAME	
STREET ADDRESS	5001 ST. JOHNS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL 32177	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, MEREDITH E	2.2 NAME	
STREET ADDRESS	2201 NW 34 AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33311	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGLEY, JOHN	3.2 NAME	
STREET ADDRESS	2700 JUDGE FRAN JAMIESON WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	VIERRA FL 32940	3.4 CITY - ST - ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMAN, RONALD D	4.2 NAME	
STREET ADDRESS	816 LEOPARD TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER SPRINGS FL 32708	4.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, HOWARD	5.2 NAME	
STREET ADDRESS	2226 WINNIEBAGO TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	FERN PARK FL 32730	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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, on an attachment with an address.

SIGNATURE: **Ronald D. Froman** **Ronald D. Froman** 1-27-98 407-699-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012748

CR2E037 (10/97)