


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000013	
1. Entity Name FLORIDA HUMAN RESOURCES DEVELOPMENT, INC.	

Principal Place of Business 1431 BIRD ROAD WINTER SPRINGS FL 32708	Mailing Address 1431 BIRD ROAD WINTER SPRINGS FL 32708
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3351813		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FROMAN, RONALD D 1431 BIRD ROAD WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNDARAE, MARTIN	NAME	
STREET ADDRESS	5001 ST. JOHNS AVE.	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLEARY, MEREDITH E	NAME	
STREET ADDRESS	2201 NW 34 AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REZEK, THOMAS	NAME	
STREET ADDRESS	3940 MCLELLAN ROAD	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROMAN, RONALD D	NAME	
STREET ADDRESS	1431 BIRD ROAD	STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, HOWARD	NAME	
STREET ADDRESS	2226 WINNIEBAGO TRAIL	STREET ADDRESS	
CITY-ST-ZIP	FERN PARK FL 32730	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

1000000238257
02/21/05-80092-003 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Ronald D. Froman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Froman 2-15-05 407-699-9622

Date Daytime Phone #