

FILED

Apr 07, 2008 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

DO NOT WRITE IN THIS SPACE



01052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3351813

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROMAN, RONALD D
1431 BIRD ROAD
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYNDARAE, MARTIN
STREET ADDRESS	5001 ST. JOHNS AVE.
CITY-ST-ZIP	PALATKA, FL 32177

TITLE	D
NAME	MCCLEARY, MEREDITH E
STREET ADDRESS	2201 NW 34 AVE.
CITY - ST - ZIP	LAUDERDALE LAKES, FL 33311

TITLE	D
NAME	REZEK, THOMAS
STREET ADDRESS	3940 MCLELLAN ROAD
CITY-ST-ZIP	PENSACOLA, FL 32501

TITLE	DPT
NAME	FROMAN, RONALD D
STREET ADDRESS	1431 BIRD ROAD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	DVS
NAME	KAPLAN, HOWARD
STREET ADDRESS	2226 WINNIEBAGO TRAIL
CITY - ST - ZIP	FERN PARK, FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

407.699.9622
Daytime Phone #