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FILED

May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Barbara B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004252 (0)**

1. Corporation Name

ALLEN HUMAN SERVICES DEVELOPMENT CORPORATION, IN C.



Principal Place of Business

Mailing Address

**320 LINCOLN STREET
DAYTONA BEACH FL 32114**

**320 LINCOLN STREET
DAYTONA BEACH FL 32114-3006**

3. Date Incorporated or Qualified
08/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-3434587

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, AVA L
112 WEST ADAMS STREET
SUITE 1814
JACKSONVILLE FL 32202**

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 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 ☐ DELETE

1.1 TITLE

☐ Change ☒ Addition

NAME **P**
Bouie, Michael K.
STREET ADDRESS **320 N. Lincoln Street**
CITY-ST-ZIP **Daytona Beach, FL 32114**

1.2 NAME **P**
Bouie, Michael K.
1.3 STREET ADDRESS **320 N. Lincoln Street**
1.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME **G**
Griffin, Sally
STREET ADDRESS **1672 Shangri-La Drive**
CITY-ST-ZIP **Daytona Beach, FL 32119**

2.2 NAME **G**
Griffin, Sally
2.3 STREET ADDRESS **1672 Shangri-La Drive**
2.4 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME **S**
Hill, Yvette V.
STREET ADDRESS **356 Bartley Road**
CITY-ST-ZIP **Daytona Beach, FL 32119**

3.2 NAME **S**
Hill, Yvette V.
3.3 STREET ADDRESS **356 Bartley Road**
3.4 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☒ Addition

NAME **R**
Roberts, Nella
STREET ADDRESS **945 Glenwood Street**
CITY-ST-ZIP **Daytona Beach, FL 32114**

4.2 NAME **R**
Roberts, Nella
4.3 STREET ADDRESS **945 Glenwood Street**
4.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☒ Addition

NAME **P**
Plowden, Tony
STREET ADDRESS **217 George Towne Boulevard**
CITY-ST-ZIP **Daytona Beach, FL 32119**

5.2 NAME **P**
Plowden, Tony
5.3 STREET ADDRESS **217 George Towne Boulevard**
5.4 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

904-252-0727

CR2E037 (9/96)

BK Dep \$ 61.25