FILE NOW: FILING FEE IS $61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 08/13/1996

4. FEI Number: 59-3434587 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 732 Orange Avenue
22 Suite, Apt. #, etc.
23 City & State: Daytona Beach, FL
24 Zip: 32114 25 Country: USA

2a. Mailing Address
26 P. O. Box 9573
27 Suite, Apt. #, etc.
28 City & State: Daytona Beach, FL
29 Zip: 32120 30 Country: USA

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

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

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOUIE, MICHAEL K 320 LINCOLN STREET DAYTONA BEACH FL 32114	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ST JAMES, LUTHER 4 FOX HOLLOW DR ORMOND BEACH, FL 32174	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, SALLY 1672 SHANGRI-LA DRIVE DAYTONA BEACH FL 32119	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILL, YVETTE V 356 BARTLEY ROAD DAYTONA FL 32119	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, NELLA 945 GLENWOOD STREET DAYTONA BEACH FL 32114	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLOWDEN, TONY 217 GEORGE TOWNE BOULEVARD DAYTONA BEACH FL 32119	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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, or on an attachment with an address.

SIGNATURE: Michael K Bouie 4-21-98 904-255-1195
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #