

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90236 012 ****70.00

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1. Corporation Name

**ALLEN HUMAN SERVICES DEVELOPMENT CORPORATION, IN
C.**

Principal Place of Business

732 ORANGE AVE
DAYTONA BEACH FL 32114
US

Mailing Address

P O BOX 9573
DAYTONA BEACH FL 32120
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/13/1996

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3434587

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

D

☐ DELETE

NAME

ST JAMES, LUTHER

STREET ADDRESS

4 FOX HOLLOW DR

CITY-ST-ZIP

ORMOND BEACH FL 32174

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

GRIFFIN, SALLY

STREET ADDRESS

1672 SHANGRI-LA DRIVE

CITY-ST-ZIP

DAYTONA BEACH FL 32119

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

S

☐ DELETE

NAME

HILL, YVETTE V

STREET ADDRESS

356 BARTLEY ROAD

CITY-ST-ZIP

DAYTONA FL 32119

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ROBERTS, NELLA

STREET ADDRESS

945 GLENWOOD STREET

CITY-ST-ZIP

DAYTONA BEACH FL 32114

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Joseph Forrester

139 S. Keech Street

Daytona Beach, FL 32114

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

(904) 255-1195 EA11

Date

Daytime Phone #

CR2E037 (11/98)