


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90199 042 ****70.00

DOCUMENT # N96000004252

1. Entity Name
ALLEN HUMAN SERVICES DEVELOPMENT CORPORATION, IN C.



Principal Place of Business Mailing Address

**732 ORANGE AVE
DAYTONA BEACH FL 32114
US** **P O BOX 9573
DAYTONA BEACH FL 32120
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3434587** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

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 Delete
NAME **D GORDEN, NORMA**
STREET ADDRESS **1139 EDITH DR.**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S HILL, YVETTE V**
STREET ADDRESS **356 BARTLEY ROAD**
CITY-ST-ZIP **DAYTONA FL 32119**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D ROBERTS, NELLA**
STREET ADDRESS **945 GLENWOOD STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D FORRESTER, JOSEPH**
STREET ADDRESS **139 S KEECH ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D Graham, Charles**
STREET ADDRESS **320 N. Lincoln Street**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE Change Addition
NAME **Graham, Charles**
STREET ADDRESS **320 N. Lincoln Street**
CITY-ST-ZIP **Daytona Beach, Florida 32114**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Joseph Forrester* **FORRESTER**

02/17/03 (386)255-1195

CR2E037 (10/02)