

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 FEB 10 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005671 (0)

1. Corporation Name

PERSONAL DEVELOPMENT, INC.

A SCHOOL FOR PERSONAL ENRICHMENT, INC.

Principal Place of Business

Mailing Address

17516 RAINTREE CT.
MONTVERDE FL

P.O. BOX 560040
MONTVERDE FL

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

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

10. Name and Address of New Registered Agent

GREGORY, ALAN
17516 RAINTREE CT.
MONTVERDE FL 34756-0040

17516 RAINTREE CT. P.O. BOX 560040
MONTVERDE FL 34756-0040
MAIL TO THE
PHYSICAL
ADDRESS

DO NOT ADDRESS MAIL AFTER FEE WILL BE RETURNED

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GREGORY, ALAN 17516 RAINTREE CT
STREET ADDRESS	17516 RAINTREE COURT P.O. BOX 560040
CITY-ST-ZIP	MONTVERDE FL 34756-0040
TITLE	D <input type="checkbox"/> DELETE
NAME	GREGORY, LUCY 17516 RAINTREE CT
STREET ADDRESS	17516 RAINTREE COURT P.O. BOX 560040
CITY-ST-ZIP	MONTVERDE FL 34756-0040
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PORTER, SCOTT
STREET ADDRESS	2020 DONNELLY PLACE
CITY-ST-ZIP	MOUNT DORA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DR. KARL PRIBRAM
1.3 STREET ADDRESS	% CENTER FOR BRAIN RESEARCH
1.4 CITY-ST-ZIP	PETERS HALL, ADAM STREET RADFORD VA 24142
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	400002433184--1
3.3 STREET ADDRESS	-02/17/98--01080--020
3.4 CITY-ST-ZIP	*****61.25 *****61.25
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	A. Alan
6.3 STREET ADDRESS	2/10/98
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.

SIGNATURE ALAN GREGORY Alan Gregory 1/31/97 412-462-3130

CR2E037 (10/97)