


# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90119 001 \*\*\*\*\*8.75  
02-27-2006 90119 002 \*\*\*\*\*61.25

DOCUMENT # <u>N97000000530</u>	
1. Entity Name <u>HUMANITY RE SOURCES DEVELOPMENT, INC.</u> <u>402 N. LAKE SIDE DR</u> <u>LAKE WORTH, FL 33460</u>	

**DO NOT WRITE IN THIS SPACE**

**66002583**

2. Principal Place of Business <u>402 N. LAKE SIDE DR</u> Suite, Apt. #, etc.	3. Mailing Address <u>402 N. LAKE SIDE DR</u> Suite, Apt. #, etc.
City & State <u>LAKE WORTH, FL</u>	City & State <u>LAKE WORTH, FL</u>
Zip <u>33460</u> Country <u>USA</u>	Zip <u>33460</u> Country <u>USA</u>

CR2E037B (8/05)  
65-072 1332

4. FEI Number <u>25-0214266</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	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 JOHN J BROZ JOHN J BROZ 2/20/06  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FEE IS \$61.25</b> <b>Initial or Amended AR</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRES. DEPT</u> <u>JOHN J BROZ</u> <u>402 N. LAKE SIDE DR.</u> <u>LAKE WORTH, FL 33460</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>THOMAS SCHOTT</u> <u>P.O. BOX 38293</u> <u>P.TTS BURG, PENNSYLVANIA 15328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other information empowered.

SIGNATURE: JOHN J BROZ JOHN J BROZ 2/20/06 (361) 582 8625