FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700002162

Country

ST. JOHN HUMAN RESOURCE DEVELOPMENT CORP.

Principal Place of Business
2000-6 A E ISAAC AVE
WEST PALM BEACH FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

P. O. BOX 993 PALM BEACH FL 33480

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Mar 04, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/16/1997

65-0719762

4. FEI Number

1 6 8 9 7 7 5 *

24	25	29	30			Trust Fund Contr	t Fund Contribution Added to Fees				
1	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	\. <u>.</u>			81	Name		•		}		
TO/CON I	OCCOU D			20	Ot	Address (P.O. Box Number i	in Not Assentable)				
TYSON, J				82	Street	Address (P.O. Box Number	is Not Acceptable)				
2000-6 A E ISAAC AVE											
WEST PALM BEACH FL 33407							·		<u> </u>		
				84	City		FI	85 Zip C	Code		
		Sections 617.0502 and 617.1508, Florida S	Matrida Aba a		namad	compression submits this state		- .	registered		
office or r	egietered agent, or l	ooth, in the State of Florida. Such change vaccept the obligations of, Section 617.0503	vas authorized	ı bv i	the corpo	pration's board of directors. I	I hereby accept the appo	pintment as rec	gistered		
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	Los Washington	(NOTE: Conjetence	l Agent	eignature *	equired when reinstating)	DATE	······			
12.	Signature, typed or printed	name of registered agent and title if applicable. OFFICERS AND DIRECTORS	13.	Agen	Signature		NGES TO OFFICERS A	ND DIRECTO	RS IN 12		
	DO.	DELET DELET				7,00,110,011		Change	Addition		
TITLE	DP	_					•		_ }		
NAME	TYSON, JOSEPH		1.2 N						ļ		
STREET ADDRESS	3521 W 35TH S				ADDRESS				. ,		
CITY+ST-ZIP	RIVIERA BEACH			TY-\$1	-ZIP	Tari		☑ Change	Addition		
TITLE	DV	DELE	TE 2.1 T	TLE		DV		[X]i C≀iai≇ge	- Audinon		
NAME	Dorsey, Darri	ELL A	2.2 N	AME		Dorsey, Darre	11 A				
STREET ADDRESS	1382 N MAGNO	lia dr	2.3 S	TREET	address						
CITY-ST-ZIP	WEST PALM BE	ACH FL 33401	2.40	ITY-S	T-ZIP	139 Monterey Royal Palm Be	each, FL 3341	<u>l</u>			
TITLE	DS	☐ DELE	TE 3.1 T	TLÉ				☐ Change	Addition		
NAME	MC MILLIAN, BA	RBARA	3.2 N	AME.				•	1		
STREET ADDRESS	401 EXECUTIVE		3.3 S	TREET	ADDRESS						
CITY+ST-ZIP	WEST PALM BE		3.4.0	ITY-S	r-zi p						
TITLE	DT	☐ DELE					· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition		
NAME	DAVIS, JAMES L		4.21	IAME							
STREET ADDRESS	6651 HATTERAS		438	TREET	ADDRESS				İ		
CITY-ST-ZIP	LAKE WORTH F			ITY-ST				•			
TITLE	Date Hollin	DELE						Change	Addition		
NAME	}		5.2 N						ĺ		
STREET ADDRESS			5.3 S	TREET	ADDRESS						
			540	ITY-ST	- Z!P						
CITY-ST-ZIP		DELE						Change	Addition		
TITLE			6.2 N				•				
NAME					ADDRESS						
STREET ADDRESS					ADORESS				,		
CITY-ST-ZIP				ITY-SI		Lis Continue 440 07/0\f0\ Fis	side Ctetutes 16 mls-15	artifu that the 1	oformation		
 14. I hereby of indicated 	certify that the inform on this annual repor	nation supplied with this filing does not quant or supplemental annual report is true and	lify for the exe i accurate and	mpti that	on stated my sign	in Section 119.07(3)(i), Flo ature shall have the same le	and a statutes. I further degal effect as if made un	der oath; that i	iomaion am an		

Country

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 Block 12 or Block 13 if ghanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSEPH. B. TYSON 2-8-99

561-833-1895 Davitime Phone #

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable