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**

DOCUMENT # N97000005839 (2)

HUMAN RESOURCE & DEVELOPMENT OF MT. HERMON, INC.

Principal Place of Business Mailing Address 400 S. LEVIS AVENUE P.O. BOX 265 3. Date Incorporated or Qualified TARPON SPRINGS FL 34888-0265 TARPON SPRINGS FL 34688-0265 <u>10/15/1997</u> 4. FEI Number Applied For <u>59-295562</u> Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SMITH, MILTON B Street Address (P.O. Box Number is Not Acceptable) **1546 RIVER OAKS DRIVE** 83 TARPON SPRINGS FL 34689 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE SMITH, MILTON B NAME 1.2 NAME 400 S. LEVIS AVENUE STREET ADDRESS 1.3 STREET ADDRESS TARPON SPRINGS FL 34688-0265 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PITTS, CLIFFORD JR 2.2 NAME STREET ADDRESS 400 S. LEVIS AVENUE 2.3 STREET ADDRESS TARPON SPRINGS FL 34688-0265 CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP TITLE DELETE Addition 3.1 TITLE NAME HERRING, LINDA E 3.2 NAME 400 S. LEVIS AVENIUE STREET ADDRESS 3.3 STREET ADDRESS TARPON SPRINGS FL 34688-0265 CITY-SY-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE LANE, HERSHAL NAME 4.2 NAME STREET ADDRESS 400 S. LEVIS AVENUE 4.3 STREET ADDRESS TARPON SPRINGS FL 34688-0265 CITY-ST-ZIP 4.4 CITY - ST - 71P TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE TITLE 300002426513 -02/10/98--01037--018 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***61.25 6.4 CITY-ST-ZIP 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:

813-937-2015

FILED

Feb 09 1998 8:00am

Secretary of State