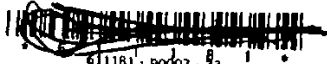


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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT -5 PM 12:18  611181-90007-33 	
DOCUMENT # N97000005839					
1. Corporation Name HUMAN RESOURCE & DEVELOPMENT OF MT. HERMON, INC.					
Principal Place of Business 400 S. LEVIS AVENUE TARPON SPRINGS FL 34688-0265			Mailing Address P.O. BOX 265 TARPON SPRINGS FL 34688-0265		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/15/1997 4. FEI Number 59-2955629 Applied For ☐ Not Applicable ☒ 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SMITH, MILTON B 1546 RIVER OAKS DRIVE TARPON SPRINGS FL 34689			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when retaking)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME P SMITH, MILTON B STREET ADDRESS 400 S. LEVIS AVENUE CITY-ST-ZIP TARPON SPRINGS FL 34688-0265			1.1 TITLE ☐ Change ☒ Addition 1.2 NAME TAYLOR, DONALD 1.3 STREET ADDRESS 453 E. OAKWOOD ST. 1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689		
TITLE ☐ DELETE NAME V PITTS, CLIFFORD JR STREET ADDRESS 400 S. LEVIS AVENUE CITY-ST-ZIP TARPON SPRINGS FL 34688-0265			2.1 TITLE ☐ Change ☒ Addition 2.2 NAME RICHARDSON, GEORGE 2.3 STREET ADDRESS 200 STARCREST DRIVE 2.4 CITY-ST-ZIP CLEARWATER, FL 33765		
TITLE ☐ DELETE NAME S HERRING, LINDA E STREET ADDRESS 400 S. LEVIS AVENUE CITY-ST-ZIP TARPON SPRINGS FL 34688-0265			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME T LANE, HERSHAL STREET ADDRESS 400 S. LEVIS AVENUE CITY-ST-ZIP TARPON SPRINGS FL 34688-0265			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☒ Addition 5.2 NAME TRUSTEE COLE, BRADLEY 5.3 STREET ADDRESS 400 S. LEVIS AVENUE 5.4 CITY-ST-ZIP TARPON SPRING, FL 34688-0265		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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 118.07(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, with all other like empowered.

SIGNATURE: *Linda E. Herring* **SIGNATURE REQUIRED LINDA E. HERRING** 8/20/99 727-395-6974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Linda E. Herring **LINDA E. HERRING** 9/29/99 727-395-6974

CR20037 (599)