2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006859

Entity Name: CENTRAL FLORIDA HUMAN SERVICES, INC.

FILED Apr 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1325 GEORGE JENKINS BLVD. LAKELAND, FL 33815 **Current Mailing Address: New Mailing Address:** P.O. BOX 1067 LAKELAND, FL 338021067 US FEI Number: 59-3481836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELCH, J E 1325 GEORGE JENKINS BLVD. LAKELAND, FL 33815 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBERTS, EUGENE Name: Name: 524 PABLO STREET Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: Title: **DVPS** (X) Change () Addition () Delete GARRETT, HOWARDENE Name: GARRETT, HOWARDENE Name: Address: 1911 CHEROKEE TRAIL Address: 1911 CHEROKEE TRAIL City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803 Title: () Delete Title: (X) Change () Addition BOYER, STEVE BOONE, KELLY Name: Name: 219 NORTH MASSACHUSETTS AVENUE 1029 EUCLID AVE Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801 Title: () Delete Title: () Change () Addition Name: SMITH, SHERWOOD Name: 1515 LEIGHTON AVENUE Address: Address: LAKELAND, FL 33803 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition STEED, PAT STEED, PAT Name: Name: 2248 CRYSTAL GROVE LANE 2248 CRYSTAL GROVE LANE Address: Address: LAKELAND, FL 33801 City-St-Zip: City-St-Zip: LAKELAND, FL 33801 Title: () Delete Title: (X) Change () Addition SALE, ALLEN SALE, ALLEN Name: Name: Address: 309 S. TENNESSEE AVE Address: 309 S. TENNESSEE AVE LAKELAND, FL 33801 LAKELAND, FL 33801 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN SALE P 04/04/2005