

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006859

FILED  
Mar 04, 2008  
Secretary of State

**Entity Name:** CENTRAL FLORIDA HUMAN SERVICES, INC.

**Current Principal Place of Business:**

1325 GEORGE JENKINS BLVD  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1067  
LAKELAND, FL 338021067 US

**New Mailing Address:**

**FEI Number:** 59-3481836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELCH, J E  
1325 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: EANETT, ROBERT B M.D.  
Address: 1033 NORTH PARKWAY FRONTAGE RD.  
City-St-Zip: LAKELAND, FL 33813

Title: DVPS ( ) Delete  
Name: GARRETT, HOWARDENE  
Address: 1911 CHEROKEE TRAIL  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: BOONE, KELLY  
Address: 1029 EUCLID AVE  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: SMITH, SHERWOOD  
Address: 1515 LEIGHTON AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete  
Name: DARBY, BRUCE W PHD  
Address: 111 LAKE HOLLINGSWORTH DRIVE  
City-St-Zip: LAKELAND, FL 33801

Title: P ( ) Delete  
Name: SALE, ALLEN  
Address: 309 S. TENNESSEE AVE  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date