

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000098025

FILED
Apr 13, 2005
Secretary of State

Entity Name: CENTER FOR HUMAN DEVELOPMENT, INC.

Current Principal Place of Business:

5809 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

5809 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0729636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, DAVID J
3864 SHERIDAN STREET
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMONS, BARBARA A
Address: 738 N CRESCENT DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: SIMONS, DAVID J (ASST)
Address: 3864 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete
Name: CHUCKSHING, YVONNE
Address: 8651 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. SIMONS

PD

04/13/2005

Electronic Signature of Signing Officer or Director

Date