

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741421

Entity Name: HUMAN DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**3809 N. TAMPA ST.
TAMPA, FL 33603**Current Mailing Address:**3809 N. TAMPA ST.
TAMPA, FL 33603 US**FEI Number:** 59-1825942**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHURCH, KIMBERLY E DR.
3809 N. TAMPA ST.
TAMPA, FL 33603 US*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:** KIMBERLY E. CHURCH

01/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name PETSCHOW, ROBERT
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title SECRETARY, TREASURER
Name TERRI, GERMAN
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title TRUSTEE
Name WILLIAMS, REBECCA
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title TRUSTEE
Name MOORE, WAYLON B LLD
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title PRESIDENT
Name HARRISON, CHARLES
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name CHURCH, KIMBERLY E DR.
Address 3809 N. TAMPA ST.
City-State-Zip: TAMPA FL 33603

Title VP
Name SEACE, KIM
Address 3809 N. TAMPA STREET
City-State-Zip: TAMPA FL 33609

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY CHURCH**EXECUTIVE DIRECTOR**

01/12/2021

Electronic Signature of Signing Officer/Director Detail

Date