

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741421

Entity Name: HUMAN DEVELOPMENT CENTER, INC.**Current Principal Place of Business:**5904 NORTH ARMENIA AVE
TAMPA, FL 33603**Current Mailing Address:**5904 NORTH ARMENIA AVE
TAMPA, FL 33603 US**FEI Number:** 59-1825942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, JAMES L
5904 NORTH ARMENIA AVE
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:** JAMES L BELL

01/14/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name SLOAN, KELLY
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title TRUSTEE
Name PETSCHOW, ROBERT
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title TREASURER
Name O'STEEN, STEVE
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title TRUSTEE
Name DENOME, SAMUEL
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title PRESIDENT
Name TERRI, JOHNSON
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title TRUSTEE
Name WILLIAMS, REBECCA
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title DIRECTOR
Name BELL, JAMES L
Address 5904 NORTH ARMENIA AVE
City-State-Zip: TAMPA FL 33603

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: JAMES L BELL**DIRECTOR**

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date