FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757006** **(2)**

1. Corporation Name

THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MAN AGEMENT, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339	200 S. BISCAYNE BLVD. 5300 SOUTHEAST FINANCIAL CENTER MIAMI FL 33131-2339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1981
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0231220 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZELEK, MARK E.
200 S. BISCAYNE BLVD.
5300 S.E. FINANCIAL CENTER
MIAMI FL 33131-2339

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WALLACE, JEAN	1.2 NAME		
STREET ADDRESS	3600 NW 82ND AVE	1.3 STREET ADDRESS	Leona D. Bodie	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	11960 SW 144th Street Miami, Fl. 33186	
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	BODIE, LEONA	2.2 NAME		
STREET ADDRESS	13300 SW 128TH ST	2.3 STREET ADDRESS	Roberta Kressel	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	777 Brickell Avenue Miami, Fl. 33131	
TITLE	S	3.1 TITLE	S	☒ Change ☐ Addition
NAME	TRUEBLOOD, KENNETH	3.2 NAME		
STREET ADDRESS	PO BOX 029100	3.3 STREET ADDRESS	Lynn Capaldo	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	3750 NW 87th Avenue, Suite 300 Miami, Fl. 33178-2415	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KRESSEL, ROBERTA	4.2 NAME		
STREET ADDRESS	777 BRICKELL AVENUE	4.3 STREET ADDRESS	Aldrick H. Dodds	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	11800 SW 147 Avenue Miami, Fl. 33196	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LOO, CAROL ANN	5.2 NAME		
STREET ADDRESS	1801 SW 1 STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ-LLAUDY, EDALINA	6.2 NAME		
STREET ADDRESS	801 NE 167 STFL	6.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leona D. Bodie — **April 20, 1995** — **(305)253-5099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # **x 327**

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