

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757006

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

Current Principal Place of Business:

7154 N. UNIVERSITY DR
STE 299
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7154 N. UNIVERSITY DR
STE 299
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-1725764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TOEPFER, SUSAN
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130 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: P () Delete
Name: TOEPFER, SUSAN
Address: 150 W FLAGLER STREET, SUITE 2200
City-St-Zip: MIAMI, FL 33130

Title: PE () Delete
Name: HERNANDEZ, ZOE SR.
Address: 1050 CARIBBEAN WAY
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: GIRADO, ODALYS SR.
Address: 10400 NW 33RD STREET, SUITE 270
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: WILSON, CHRISTINE
Address: TWO S. BISCAYNE BOULEVARD, SUITE 3500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLFE, ZOE H
Address: 8400 NW 36TH STREET, SUITE 600
City-St-Zip: MIAMI, FL 33166

Title: PE (X) Change () Addition
Name: JARRIN, MAGALI
Address: 6525 SW 55TH TERRACE
City-St-Zip: MIAMI, FL 33155

Title: S (X) Change () Addition
Name: FIGUEROA, CHRISTINE
Address: 1501 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: T (X) Change () Addition
Name: MCGAFFIC, TOM
Address: 1560 SAWGRASS CORPORATE PKWY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

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: ZOE HERNANDEZ WOLFE

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date