

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -2 11 8:14

DOCUMENT # **N43771** (7)

1. Corporation Name

OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC

Principal Place of Business

Mailing Address

P O BOX 1724
OCALA FL 34478

P O BOX 1724
OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1991

02/10/1994

4. FEI Number

Applied For

59-2947312

Not Applicable

5. Certificate of Status Desired

\$8.75 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, BARBARA
10500 N MAGNOLIA
OCALA FL 32674

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FITOS, BARBARA
STREET ADDRESS 3990 SE 22ND AVE
CITY- ST- ZIP Ocala FL

1.1 TITLE D Change Addition
1.2 NAME MANNING, BARBARA
1.3 STREET ADDRESS 10500 N. MAGNOLIA
1.4 CITY- ST- ZIP Ocala, FL 34470

TITLE P
NAME MANNING, BARBARA
STREET ADDRESS 10500 N. MAGNOLIA
CITY- ST- ZIP Ocala FL

2.1 TITLE P Change Addition
2.2 NAME MARTIN, ELAINE
2.3 STREET ADDRESS 230 S.E. 32nd PLACE
2.4 CITY- ST- ZIP Ocala, FL 34471

TITLE VP
NAME MARTIN, ELAINE
STREET ADDRESS 9416 S.W. 32ND TERR., SUITE 1
CITY- ST- ZIP Ocala FL

3.1 TITLE VP Change Addition
3.2 NAME JOHNSON, MARY ANN
3.3 STREET ADDRESS 2002 N.E. 10th St
3.4 CITY- ST- ZIP Ocala, FL 34470

TITLE T
NAME PATTIE, SUSAN
STREET ADDRESS 3133 S.E. 5TH ST.
CITY- ST- ZIP Ocala FL 34471

4.1 TITLE T Change Addition
4.2 NAME MAY, KAREN
4.3 STREET ADDRESS 3504 S.E. 13th STREET
4.4 CITY- ST- ZIP Ocala, FL 34471

TITLE D
NAME BAKER, MARY
STREET ADDRESS 3601 S.E. 26TH LN.
CITY- ST- ZIP Ocala FL 34471

5.1 TITLE D Change Addition
5.2 NAME PATTI, SUSAN
5.3 STREET ADDRESS 3133 S.E. 5th STREET
5.4 CITY- ST- ZIP Ocala, FL 34471

TITLE D
NAME REESE, ESTHER
STREET ADDRESS 1028 SE 24 ST
CITY- ST- ZIP Ocala FL

6.1 TITLE D Change Addition
6.2 NAME MOWER, SUZANNE
6.3 STREET ADDRESS 5704 S.E. SECOND STREET
6.4 CITY- ST- ZIP Ocala, FL 34471

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 110.07(3)(k), 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: *Karen W. May*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (904) 620-7344

(Type)

(Machine Name)

KAREN W. MAY, TREAS.