

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N43771 (7)**
1. Corporation Name
OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC



Principal Place of Business: P O BOX 1724 Ocala FL 34478
Mailing Address: P O BOX 1724 Ocala FL 34478

3. Date Incorporated or Qualified: **06/10/1991**
3a. Date of Last Report: **06/02/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2947312	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

MANNING, BARBARA
10500 N MAGNOLIA
OCALA FL 32874

10. Name and Address of New Registered Agent

81. Name	MARY ANN JOHNSON
82. Street Address (P.O. Box Number is Not Acceptable)	2002 NE 10th Street
83. City	OCALA FL
84. City	OCALA FL
85. Zip Code	34470

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **MARYANN JOHNSON** *MaryAnn Johnson* DATE: **4/11/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANNING, BARBARA	
STREET ADDRESS	10500 N MAGNOLIA	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ELAINE	
STREET ADDRESS	230 SE 32ND PL	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, MARY ANN	
STREET ADDRESS	2002 NE 10TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAY, KAREN	
STREET ADDRESS	3504 S E 13TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTI, SUSAN	
STREET ADDRESS	3133 SE 5TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAOWER, SUZANNE	
STREET ADDRESS	5704 SE 2ND ST	
CITY-ST-ZIP	OCALA FL	

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAROL ANN JACKSON	
1.3 STREET ADDRESS	1242 NE 39th STREET	
1.4 CITY-ST-ZIP	OCALA FL 34470	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REDDISH, PAT	
2.3 STREET ADDRESS	1751 SE 43rd TERRACE	
2.4 CITY-ST-ZIP	OCALA, FL 34471	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Mary Ann	
3.3 STREET ADDRESS	2002 N.E. 10th STREET	
3.4 CITY-ST-ZIP	OCALA FL	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MAY, KAREN	
4.3 STREET ADDRESS	3504 S.E. 13th STREET	
4.4 CITY-ST-ZIP	OCALA, FL.	
5.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATTI, SUSAN	
5.3 STREET ADDRESS	3133 SE 5th STREET	
5.4 CITY-ST-ZIP	OCALA, FL 34471	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Esten REESE	
6.3 STREET ADDRESS	1026 S.E. 24th 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 119.07(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: *Carol Ann Jackson, Treasurer* DATE: **4/11/96** DAYTIME PHONE #: **352-347-0900 2516**

CR2E037 (12/95)