FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N43771

(7)

OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC

•					
Principal Plac	e of Business	Mailing Address		d ikalithe ass hinny ittir shuts shun	II NIBI OLBIF DION ENGIL ENGIF BION DISN BEST
P O BOX 1724 P O BOX 1724 OCALA FL 34478 OCALA FL 34478-1724					
				3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last Report 04/17/1996
 1	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	# #10	26		59-2947312	Not Applicable
Suite, Apt.	#, EIC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Currer	it Registered Agent	81 Nam	10. Name and Address of New Re	egistered Agent
IO I MIO	ALL 41490 41111		181 Nam	FATTIE SUSAN	
JOHNSON, MARY ANN			82 Stree	et Address (P.O. Box Number is Not Acceptal	ble)
2002 NE 10TH STREET OCALA FL 34470			83	3133 CE 3 31	
OUALA	FE 34470				
			84 City	OCALA	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-name	od cornoration submits this statement for the	purpose of changing its registered
office or r	egistered agent, or both, in the State m familia with, and accept the oblig	of Florida, Such change was a	authorized by the ci	orporation's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	Krusan + 7 +	allo			ė.
	Signature, typed or printed name of registerio age			ure required when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	JACKSON, CAROLA NN		1.1 TITLE	TARVEOU ARROW AN	Change Addition
STREET ADDRESS	1242 NE 39TH STREET		1.2 NAME 1.3 STREET ADDRES	JACKBON, CAROL AN	~
CITY-SI-ZIP	OCALA FL		1.4 C!TY - ST - ZIP	" " " " " " " " " " " " " " " " " " "	70
TITLE	D	X DELETE	2.1 TITLE	OCALA FL 844	☐ Change 🔀 Addition
NAME	REDDISH, PAT	_	2.2 NAME	SWIGART, ELAINE	LLL Stange
STREET ADDRESS	1751 SE 43RD TERRACE		2.3 STREET ADDRESS	: 4 4	<
CITY-S1-ZIP	OCALA FL		2. 4 City-St-ZiP	QCALA FL 34472	
TITLE	P	☐ DELETE	3.1 TITLE	D	Change Addition
NAME	JOHNSON, MARY ANN		3.2 NAME	JOHNSON, MARY ANN	/
STREET ADDRESS	2002 NE 10TH ST		3.3 STREET ADDRES		1
CITY-ST-ZIP	OCALA FL		3.4. CITY - ST - ZIP	OCALA FL 344	70
TITLE	\$	☐ DELETE	4.1 TITLE	D	Change Addition
NAME	MAY, KAREN		4. 2 NAME	MAY, KAREN	•
STREET ADDRESS	3504 S E 13TH ST		4.3 STREET ADDRESS	3307	
CITY-S1-ZIP	OCALA FL	DELETE	4.4 CITY - ST - ZIP	GONLA FL	NZ OL
TITLE	VP	F-1 DETEIF	5.1 THTLE	PATTIE COMMAN	Change Addition
NAME CTREET ADDRESS	PATTI, SUSAN 3133 SE 5TH ST		5.2 NAME	PATTIE, SUSAN	
STREET ADDRESS	OCALA FL		5.3 STREET ADDRESS	DEALA FL 344	7/
CITY-ST-ZIF TITLE	D	DELETE	5.4 CITY+ST-ZIP 6.1 TITLE	VENCH PL 394	Change Addition
NAME	REESE, ESTER		6.2 NAME		The Through
STREET ADDRESS	1026 SE 24TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FI		6.3 STREET ADDRESS	´	

14. I do hereby certify that the information supplied with this filing 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: \$

CHARLES WEGANT SCLUSULUL GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

1/28/97 (352) 854-3649

FILED

Feb 05 1997 8:00am

Secretary of State