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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34478-1724

3. Date Incorporated or Qualified: 06/10/1991
3a. Date of Last Report: 04/17/1996
4. FEI Number: 59-2947312
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: JOHNSON, MARY ANN, 2002 NE 10TH STREET, Ocala FL 34470

10. Name and Address of New Registered Agent: PATTIE SUSAN, 3133 SE 5 ST, Ocala FL 34471

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: *Kusan Pattie* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> DELETE	T JACKSON, CAROLA NN 1242 NE 39TH STREET OCALA FL
TITLE: <input checked="" type="checkbox"/> DELETE	D REDDISH, PAT 1751 SE 43RD TERRACE OCALA FL
TITLE: <input type="checkbox"/> DELETE	P JOHNSON, MARY ANN 2002 NE 10TH ST OCALA FL
TITLE: <input type="checkbox"/> DELETE	S MAY, KAREN 3504 S E 13TH ST OCALA FL
TITLE: <input type="checkbox"/> DELETE	VP PATTI, SUSAN 3133 SE 5TH ST OCALA FL
TITLE: <input type="checkbox"/> DELETE	D REESE, ESTER 1026 SE 24TH STREET OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Y JACKSON, CAROL ANN 1242 NE 39 ST OCALA FL 84470
2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T SWIGART, ELAINE 302 OAK LANE TRK OCALA FL 34472
3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D JOHNSON, MARY ANN 2002 NE 10 ST OCALA FL 34470
4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D MAY, KAREN 3504 SE 13 ST OCALA FL
5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P PATTIE, SUSAN 3133 SE 5 ST OCALA FL 34471
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Elaine Swigart* 1/28/97 (352) 854-3649

CR2E037 (9/96)