

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/10/1991	
4. FEI Number 59-2947312	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22. City & State 23 Zip Country	27. City & State 28 Zip Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PATTIE, SUSAN
3133 SE 5 ST
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name **ELAINE SWIGART**
 82 Street Address (P.O. Box Number Is Not Acceptable)
2 CEDAR TREE WAY
 83
 84 City **OCALA** FL 85 Zip Code **34478**

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: **ELAINE S. SWIGART** *Elaine S. Swigart* **7/6/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACKSON, CAROL ANN 1242 NE 39TH STREET OCALA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWIGART, ELAINE 302 OAK LN TRK OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARY ANN 2002 NE 10TH ST OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, KAREN 3504 S E 13TH ST OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTI, SUSAN 3133 SE 5TH ST OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, ESTER 1026 SE 24TH STREET OCALA FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V MAY, KAREN 3504 SE 13 ST OCALA FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T ASCHLIMAN, ROBYN 421 NE 48 AVE OCALA, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	300002591343 -07/17/98--01008--004 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P SWIGART, ELAINE 2 CEDAR TREE WAY OCALA FL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	P PATTI, SUSAN 3133 SE 5 ST OCALA FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D MCCLAMPBELL, ELAINE 3929 SE 17 LN OCALA FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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 S. Swigart* **ELAINE S. SWIGART** **7/6/98** **(352) 687-0877**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)