

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90157 022 \*\*\*\*61.25

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<b>DOCUMENT # N43771</b>					
1. Entity 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		03212005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2947312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GETS, POLLY 1700 SW 38TH AVENUE OCALA, FL 34474			Name <b>CAROL D. FRANKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1631 N. CROFT Avenue</b> <b>Inverness</b> <b>34453</b> City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Carol D. Franker</i>		<b>CAROL D. FRANKER</b> <b>PRESIDENT</b>		DATE <b>4/6/05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STANTON, DOLORES 601 SE 25 AVE OCALA, FL 34471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMBRUSTER, CAROLE 2703 NE 14 ST OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>President</b> <b>CAROL D. FRANKER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWERTON, RENEE 3910 SW COLLEGE AVE OCALA, FL 34474	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Vice President Elect</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAPLETON, DONNA 2703 NE 14 STREET OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>Secretary</b> <b>Susan Alexander</b> <b>PO Box 772731</b> <b>Ocala FL 34477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carol D. Franker</i>		<b>CAROL D. FRANKER</b>		Date <b>4/6/05</b> Daytime Phone # <b>352-344-9663</b>	