
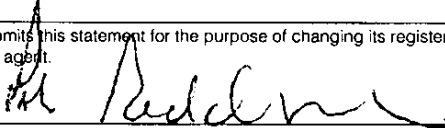



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90189 047 \*\*\*\*61.25

<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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092007 Chg-NP CR2E037 (12/06)	
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		
FITOS 9, BARBARA R AM SOUTH BANK 1700 SE 17TH ST OCALA, FL 34471			Name <b>PAT REDDISH</b> Street Address (P.O. Box Number is Not Acceptable) <b>808 SW 12th ST.</b> City <b>OCALA</b> FL Zip Code <b>34474</b>		
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 			DATE <b>4-17-07</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITOS, BARBARA		NAME	<b>PAT REDDISH</b>	
STREET ADDRESS	PO BOX 280		STREET ADDRESS	<b>P.O. BOX 279</b>	
CITY-ST-ZIP	OCALA, FL 34478		CITY-ST-ZIP	<b>OCALA, FL 34478</b>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKER, CAROL D		NAME	<b>JOHN SPANG</b>	
STREET ADDRESS	1621 NORTH CROFT AVE		STREET ADDRESS	<b>537 SE 19th ST.</b>	
CITY-ST-ZIP	INVERNESS, FL 34453		CITY-ST-ZIP	<b>OCALA, FL 34471</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<b>TREAS</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECK, CAROL		NAME	<b>DOLORES STANTON</b>	
STREET ADDRESS	3003 SW COLLEGE RD SUITE 107		STREET ADDRESS	<b>601 SE 25th AVE</b>	
CITY-ST-ZIP	OCALA, FL 34474		CITY-ST-ZIP	<b>OCALA, FL 34471</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, SUSAN		NAME	<b>KATHY ANTONUCCI</b>	
STREET ADDRESS	P O BOX 772731		STREET ADDRESS	<b>PO BOX 4860</b>	
CITY-ST-ZIP	OCALA, FL 34477		CITY-ST-ZIP	<b>OCALA, FL 34478</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			DOLORES STANTON		4/17/07 3524382356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #