



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 036 ****70.00

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|--|---|--|---|---|--|
| DOCUMENT # N43771 | | | |  | |
| 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 | | <p>40003100</p>  <p>01052008 Chg-NP CR2E037 (12/06)</p> | |
| 2. Principal Place of Business - No P.O. Box # | | 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 |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| REDDISH, PAT 808 SW 12TH ST OCALA, FL 34474 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name <i>John Spang</i> | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) <i>537 SE 19 Street</i> | |
| | | | | City <i>OCALA, FL</i> | Zip Code <i>FL 34471</i> |
| 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>[Signature]</i> | | | | DATE <i>1/15/08</i> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | | 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 | P REDDISH, PAT PO BOX 279 OCALA, FL 34478 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Roy Hoxworth PO Box 4860 OCALA, FL 34478 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SPANG, JOHN 537 SE 19TH ST OCALA, FL 34471 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DOLORES, STANTON 601 SE 25TH AVE OCALA, FL 34471 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Dayle Silver 1932 Clatter Bridge Rd OCALA, FL 34471 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANTONUCCI, KATHY PO BOX 4860 OCALA, FL 34478 | <input checked="" 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 | Pat Stephens 85 SW 52 Avenue OCALA, FL 34474 | <input type="checkbox"/> Change <input checked="" 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 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: <i>Dayle Silver</i> DAYLE SILVER | | | | Date <i>1/15/08</i> 352-932-9646 | |