

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43771

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 1724  
OCALA, FL 34478

**New Principal Place of Business:**

3231 SW 34 AVENUE  
OCALA, FL 34479

**Current Mailing Address:**

P O BOX 1724  
OCALA, FL 34478

**New Mailing Address:**

3231 SW 34 AVENUE  
OCALA, FL 34479

FEI Number: 59-2947312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SPANG, JOHN  
537 SE 19 ST  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

HOXWORTH, ROY  
3231 SW 34 AVENUE  
OCALA, FL 34474 US

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.

SIGNATURE: ROY HOXWORTH

01/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HOXWORTH, ROY  
Address: POB 4860  
City-St-Zip: OCALA, FL 34478

Title: P ( ) Delete  
Name: SPANG, JOHN  
Address: 537 SE 19TH ST  
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete  
Name: SILVER, DAYLE  
Address: 1932 CLATTER BRIDGE RD  
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete  
Name: STEPHENS, PAT  
Address: 85 SW 52 AVE  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOXWORTH, ROY  
Address: 3231 SW 34 AVENUE  
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition  
Name: BALLARD, BRIAN  
Address: 1358 NE 63 STREET  
City-St-Zip: OCALA, FL 34479

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY HOXWORTH

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date