2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE: 1

with all other

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 2004 8:00 am Secretary of State DOCUMENT # N94000004611 03-16-2004 90048 043 ****61.25 **HUMAN RESOURCE ASSOCIATION OF BROWARD** COUNTY, INC. Principal Place of Business Mailing Address PO BOX 9623 PO BOX 9623 94030408 FT LAUDERDALE, FL 33310 FT LAUDERDALE, FL 33310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0319346 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHARLYN, LAUBY ITM GROUP Street Address (P.O. Box Number is Not Acceptable) 1530 SEABAY RD. WESTON, FL 33326 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 agen SIGNATURE' nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FD ARBARA PRAGER Delete Change TITLE TITLE # SHOR, BONNIE NAME NAME 050 PINIES BLVD #200 120 NW 12TH AVE. STREET ADDRESS STREET ADDRESS BROKEPINES, AL 33024 DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE DV Detete TITLE ☐ Addition NAME GALLO, JIM NAME 515 NW 12TH AVE STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-7IP Delete 5 LI-etiange ☐ Addition TITLE mε BAKER, ANA ----NAME -NAME STREET ADDRESS 19000 NE 25TH AVE. STREET ADDRESS 33310 N. MIAMI BEACH, FL 33180 CITY-ST-ZIP CITY-ST-7IP TITLE T D Delete TITLE ☐ Addition RUPAR, KATHLEEN NAME NAME STREET ADDRESS 439 NF 7TH AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE LAUBY, SHARLYN NAME NAME 3rdST. Switz STREET ADDRESS 2101 W COMMERCIAL BLVD #2000 STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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

FILED

Daytime Phone #