

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Mar 20, 2010**  
**Secretary of State**

DOCUMENT# N94000004611

**Entity Name:** HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

SAME AS MAILING ADDRESS  
FT. LAUDERDALE, FL 33310

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9623  
FT LAUDERDALE, FL 33310

**New Mailing Address:**

**FEI Number:** 65-0319346      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUSSEY, KIA-LEE M  
3305 MERRICK LANE  
MARGATE, FL 33063      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUSSEY, KIA-LEE M  
Address: 3305 MERRICK LANE  
City-St-Zip: MARGATE, FL 33063

Title: V  
Name: SMITH, RHEMILA  
Address: 7901 SOUTHWEST 6TH COURT  
City-St-Zip: PLANTATION, FL 33324

Title: S  
Name: GELIN, ELBERG M  
Address: 5901 ABBEY ROAD  
City-St-Zip: TAMARAC, FL 33321

Title: T  
Name: BURKE, CLAUDETTE  
Address: 2374 NW 36 AVENUE  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby 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 all other like empowered.

SIGNATURE: KIA-LEE BUSSEY

P

03/20/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date