


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 049 ****70.00

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1. Entity Name
ST. LUCIE COUNTY HUMAN RESOURCE ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 12274
 FORT PIERCE, FL 34979-2274 US**

Mailing Address
**P.O. BOX 12274
 FORT PIERCE, FL 34979-2274**

401140JW



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

08212008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0828540

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, TAMARA
 121 SW PORT ST LUCIE BLVD
 PORT SAINT LUCIE, FL 34984**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, TAMARA	
STREET ADDRESS	121 SW PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, AMY	
STREET ADDRESS	1939 S. FEDERAL HWY	
CITY-ST-ZIP	STUART, FL 34984	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARRETT, ERICA	
STREET ADDRESS	900 VIRGINIA AVE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOCHAN, LISA	
STREET ADDRESS	121 SW PORT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garrett, Erica	
STREET ADDRESS	900 Virginia Ave	
CITY-ST-ZIP	Fort Pierce, FL 34982	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cabrera, Natalia	
STREET ADDRESS	121 sw Port St Lucie Blvd	
CITY-ST-ZIP	Port St Lucie, FL 34984	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vera-Aviles, Rosalinda	
STREET ADDRESS	2415 South 24th Street	
CITY-ST-ZIP	Fort Pierce, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Treasurer* *[Signature]* **8/2/08** **787-550-3019**
Signature and typed or printed name of signing officer or director Date Daytime Phone #