

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **757006** (2)

1. Corporation Name

THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.



Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD.
5300 SOUTHEAST FINANCIAL CENTER
MIAMI FL 33131-2339

200 S. BISCAYNE BLVD.
5300 SOUTHEAST FINANCIAL CENTER
MIAMI FL 33131-2339

3. Date Incorporated or Qualified
02/17/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0231220

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZELEK, MARK E.
200 S. BISCAYNE BLVD.
5300 S.E. FINANCIAL CENTER
MIAMI FL 33131-2339

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **BODIE, LEONA D**
STREET ADDRESS **11960 SW 144TH ST.**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **WYSONG, LIZ**
1.3 STREET ADDRESS **11400 N.W. 32 AVE**
1.4 CITY-ST-ZIP **MIAMI, FL 33054**

TITLE **VP** ☐ DELETE
NAME **KRESSEL, ROBERTA**
STREET ADDRESS **777 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **CAPALDO, LYNN**
STREET ADDRESS **3750 NW 87TH AVE., SUITE 300**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **DODDS, ALDRICK H**
STREET ADDRESS **11800 SW 147TH AVE.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **ROX NORRIS, RONALD**
4.3 STREET ADDRESS **12805 N.W. 42 AVE**
4.4 CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE **D** ☒ DELETE
NAME **LOO, CAROL ANN**
STREET ADDRESS **1801 SW 1 STREET**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **FLYNN, CAROL**
5.3 STREET ADDRESS **1118 N.W. 159 DR**
5.4 CITY-ST-ZIP **MIAMI, FL 33169**

TITLE **D** ☒ DELETE
NAME **PEREZ-LAUDY, EDALINA**
STREET ADDRESS **801 NE 167 STFL**
CITY-ST-ZIP **N MIAMI BEACH FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **HERR, MELINDA**
6.3 STREET ADDRESS **14425 S.W. 92 CT**
6.4 CITY-ST-ZIP **MIAMI, FL 33169**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96 (305) 688-3571
Date Daytime Phone #

CR2E037 (12/95)