## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#757006** 

FILED Jan 18, 2007 Secretary of State

Entity Name: THE GREATER MIAMI SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

7154 N. UNIVERSITY DR STE 299 TAMARAC, FL 33321

**New Mailing Address: Current Mailing Address:** 

7154 N. UNIVERSITY DR, STE. 229 TAMARAC, FL 33321

FEI Number: 59-1725764 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WINKLES, DEBORAH 1550 SW 57 AVE MIAMI, FL 33144

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete DREW, MARIA WINKLES, DEBBIE Name: Name: 8350 NW 52 TERR Address: 10899 SUNSET DRIVE, SUITE 203 Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33173

Title: SD Title: (X) Change ( ) Addition ( ) Delete GIRADO, ODALYS Name: TOEPFER, SUSAN Name: Address:

8181 NW 36 ST #22 Address: 150 WEST FLAGLER STREET, STE 2200 City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33130

Title: PED () Delete Title: (X) Change ( ) Addition WINKLES, DEBORAH CARDENAL, NIEVES Name: Name:

11800 SW 147 AVE, M/S 31-B01 Address: 1550 SW 57 AVE Address:

City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33116

(X) Change ( ) Addition Title: () Delete Title: Name:

SUAREZ, MIRIAM PEREZ, DIANA Name:

6505 BLUE LAGOON DRIVE, STE 400 200 S. BISCAYNE BLVD, STE 950 Address: Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: MIAMI, FL 33131

Title: (X) Delete Title: () Change () Addition

TOEPFER, SUSAN Name: Name: 150 WEST FLAGLER STREET, SUITE 2200 Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN TOEPFER PΕ 01/18/2007