#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 729845**

Entity Name: THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES, INC.

# **Current Principal Place of Business:**

**169 E FLAGLER STREET SUITE 1300** MIAMI, FL 33131

# **Current Mailing Address:**

**169 E FLAGLER STREET SUITE 1300** MIAMI, FL 33131 US

### FEI Number: 23-7410605

### Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Officer/Director Detail :
---------------------------

Officer/Director Detail :						
Title	PRESIDENT, DIRECTOR	Title	CHAIRMAN, DIRECTOR			
Name	STEINBERG, RICHARD	Name	WADHAMS, JAMES			
Address	PO BOX 94738	Address	C/O FENNEMORE CRAIG JONES			
City-State-Zip:	LAS VEGAS NV 89193-4738		VARGUS BANK OF AMREICA BLDG., 300 S. 4TH ST. STE 1400			
Title	DIRECTOR	City-State-Zip:	LAS VEGAS NV 89101			
Name	WALSH, THOMAS II					
Address	180 28TH AVENUE NORTH	Title	DIRECTOR			
City-State-Zip:	ST. PETERSBURG FL 33704	Name	PORTER, WILLIAM			
Title	DIRECTOR	Address	1212 E ANDY DEVINE AVE 101			
		City-State-Zip:	KINGMAN AZ 86401			
Name	BOAZMAN, DERRICK					
Address	C/O URBAN PLANNING SOLUTION 1860 BOND DRIVE	Title	DIRECTOR			
City-State-Zip:	ATLANTA GA 30315	Name	ABADIN, RAMON			
ony otate zip.	ATEANTA OA 30313	Address	ONE BISCAYNE TOWER			
Title	SECRETARY, TREASURER		TWO SOUTH BISCAYNE BLVD 1500			
Name	STILES, TINA	City-State-Zip:	MIAMI FL 33131			
Address	PO BOX 94738					
City-State-Zip:	LAS VEGAS NV 89193-4738					

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: TINA STILES		SECRETARY	02/04/2016
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Feb 04, 2016 Secretary of State CC0995553142

Certificate of Status Desired: No

Date