

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004611

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

**FILED**  
**May 01, 2022**  
**Secretary of State**  
**6472294092CC**

**Current Principal Place of Business:**

SAME AS MAILING ADDRESS  
FT. LAUDERDALE, FL 33310

**Current Mailing Address:**

PO BOX 9623  
FT LAUDERDALE, FL 33310

**FEI Number: 65-0319346**

**Certificate of Status Desired: No**

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

LYEW-AYEE, GARY  
SAME AS MAILING ADDRESS  
FT. LAUDERDALE, FL 33310 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:** GARY LYEW-AYEE

05/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COPELAND, TRACI  
Address        PO BOX 9623  
City-State-Zip: FT LAUDERDALE FL 33310

Title            PRESIDENT-ELECT  
Name            TORRES, PRISCILLA  
Address        PO BOX 9623  
City-State-Zip: FT LAUDERDALE FL 33310

Title            TREASURER  
Name            FRANKLIN, KEITH  
Address        P.O. BOX 9623  
City-State-Zip: FORT LAUDERDALE FL 33310

Title            SECRETARY  
Name            CERRATO, KAREN  
Address        SAME AS MAILING ADDRESS  
City-State-Zip: FT. LAUDERDALE FL 33310

Title            PAST-PRESIDENT  
Name            LYEW-AYEE, GARY  
Address        PO BOX 9623  
City-State-Zip: FT LAUDERDALE FL 33310

*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:** KEITH FRANKLIN

**TREASURER**

05/01/2022

Electronic Signature of Signing Officer/Director Detail

Date