


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90026 011 ****61.25

DOCUMENT # 719311						
1. Entity Name FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY						
Principal Place of Business 107 EAST MADISON ST TALLAHASSEE, FL 32399			Mailing Address 19530 N.E. 18 PLACE NORTH MIAMI BEACH, FL 33179 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1022380		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GROSS, DONALD 19530 N.E. 18 PLACE NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			Zip Code			
FL			FL			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME ADAMS, MITT		<input checked="" type="checkbox"/> Delete	TITLE P	NAME Freyda Hyman	
STREET ADDRESS 3411 NW 9 AVE, STE 704	CITY-ST-ZIP FORT LAUDERDALE, FL 33309		<input type="checkbox"/> Change	STREET ADDRESS 2362 N.E. 197 St.	CITY-ST-ZIP N. Miami Beach, FL 33179	
TITLE V	NAME PHILMORE, ALONZO		<input checked="" type="checkbox"/> Delete	TITLE V	NAME Mitt Adams	
STREET ADDRESS PO BOX 524	CITY-ST-ZIP LIVE OAK, FL 32064		<input type="checkbox"/> Change	STREET ADDRESS 3411 N.W. 9 Ave. Ste. 704	CITY-ST-ZIP Ft. Lauderdale, FL 33309	
TITLE TD	NAME GROSS, DONALD		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS 19530 N.E. #18 PLACE	CITY-ST-ZIP N. MIAMI BEACH, FL 33179		<input type="checkbox"/> Change	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change	STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		<input type="checkbox"/> Delete	TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change	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: <u>Donald Gross</u>			3-10-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date			
_____			Daytime Phone #			
_____			954-677-5411			