


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90074 030 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3800 INVERRARY BLVD SUITE 400 LAUDERHILL FL 33319 USA	
		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: STUBBS, PATRICIA Street Address (P.O. Box Number is Not Acceptable): 3800 INVERRARY BLVD. SUITE 400 City: LAUDERHILL FL Zip Code: 33319	
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: <i>Patricia Stubbs</i> Signature, typed or printed name of registered agent and title if applicable.		PATRICIA STUBBS 03/30/07 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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: V NAME: ADAMS, MITT STREET ADDRESS: 3411 NW 9 AVE, STE 704 CITY-ST-ZIP: FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: RONALD BARKETT STREET ADDRESS: 4140 BUGLEVIEW WAY EAST CITY-ST-ZIP: TALLAHASSEE, FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: HYMAN, EVELYN STREET ADDRESS: 2362 N.E. 197 ST CITY-ST-ZIP: MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: JOANN GIBSON STREET ADDRESS: 16430 N.W. 20 AVE. CITY-ST-ZIP: MIAMI, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: GROSS, DONALD STREET ADDRESS: 19530 N.E. #18 PLACE CITY-ST-ZIP: N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: PATRICIA STUBBS STREET ADDRESS: 6044 N.W. 50 ST. CITY-ST-ZIP: CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: DIRECTOR NAME: FREYDA HYMAN STREET ADDRESS: 2362 N.E. 197 ST. CITY-ST-ZIP: MIAMI, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Freyda Hyman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FREYDA HYMAN 4/4/07 305-932-9034 Date Daytime Phone #	

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