


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 #		3. Mailing Address 3800 INVERRARY BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400			
City & State		City & State LAUDERHILL FL			
Zip	Country	Zip 33319	Country 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		Patricia Stubs Signature, typed or printed name of registered agent and title if applicable.		PATRICIA STUBBS (NOTE: Registered Agent signature required when reinstating)	
03/30/07 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					
TITLE V	NAME ADAMS, MITT		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 3411 NW 9 AVE, STE 704	CITY-ST-ZIP FORT LAUDERDALE, FL 33309				
TITLE P	NAME HYMAN, EVELYN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2362 N.E. 197 ST	CITY-ST-ZIP MIAMI, FL 33179				
TITLE TD	NAME GROSS, DONALD		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 19530 N.E. #18 PLACE	CITY-ST-ZIP N. MIAMI BEACH, FL 33179				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete		
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete		
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Delete		
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P	NAME RONALD BARKETT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 4140 BUGLEVIEW WAY EAST	CITY-ST-ZIP TALLAHASSEE, FL 32311				
TITLE V	NAME JOANN GIBSON		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 16430 N.W. 20 AVE.	CITY-ST-ZIP MIAMI, FL 33054				
TITLE T	NAME PATRICIA STUBBS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 6044 N.W. 50 ST.	CITY-ST-ZIP CORAL SPRINGS, FL 33067				
TITLE DIRECTOR	NAME FREYDA HYMAN		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 2362 N.E. 197 ST.	CITY-ST-ZIP MIAMI, FL 33180				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
TITLE [Blank]	NAME [Blank]		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]				
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:		Freyda Hyman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/4/07 Date	
305-932-9034 Daytime Phone #					