


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90054 007 ****61.25

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|--|-------------------------|--|---|--|-----------------------------------|
| 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 3800 INVERRARY BLVD SUITE 400 LAUDERHILL, FL 33319 US | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1022380 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STUBBS, PATRICIA 3800 INVERRARY BLVD SUITE 400 LAUDERHILL, FL 33319 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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, 2008 | | 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARKETT, RONALD | | NAME | | |
| STREET ADDRESS | 4140 BUGLEVIEW WAY EAST | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GIBSON, JOANN | | NAME | | |
| STREET ADDRESS | 16430 NW 20 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MAIMI, FL 33054 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STUBBS, PATRICIA | | NAME | | |
| STREET ADDRESS | 6044 NW 50TH ST | | STREET ADDRESS | 9050 LAKE PARK CIR. N. | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 | | CITY-ST-ZIP | DAVIE, FL 33328 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HYMAN, FREYDA | | NAME | | |
| STREET ADDRESS | 2362 N.E. 197 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33180 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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>Patricia St. STUBBS</u> | | PATRICIA STUBBS | | 04/08/08 954-535-2300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # X3071 | |