

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 12, 2009  
Secretary of State

DOCUMENT# 719311

**Entity Name:** FLORIDA STATE CHAPTER OF INTERNATIONAL ASSOCIATION OF PERSONNEL IN EMPLOYMENT SECURITY

**Current Principal Place of Business:**

107 EAST MADISON ST  
TALLAHASSEE, FL 32399

**New Principal Place of Business:**

**Current Mailing Address:**

3800 INVERRARY BLVD  
SUITE 400  
LAUDERHILL, FL 33319 US

**New Mailing Address:**

**FEI Number:** 59-1022380      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STUBBS, PATRICIA  
3800 INVERRARY BLVD  
SUITE 400  
LAUDERHILL, FL 33319 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARKETT, RONALD  
Address: 4140 BUGLEVIEW WAY EAST  
City-St-Zip: TALLAHASSEE, FL 32311

Title: V ( ) Delete  
Name: GIBSON, JOANN  
Address: 16430 NW 20 AVE  
City-St-Zip: MAAMI, FL 33054

Title: T ( ) Delete  
Name: STUBBS, PATRICIA  
Address: 9050 LAKE PARK CIRCLE N.  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: HYMAN, FREYDA  
Address: 2362 N.E. 197 ST  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BARTHALOW, GEORGE  
Address: 2620 AUSTIN STREET  
City-St-Zip: SARASOTA, FL 34231

Title: V (X) Change ( ) Addition  
Name: HILL, JAMES  
Address: 1512 NW 112 WAY  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA STUBBS

T

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date