

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751701

FILED
Apr 29, 2005
Secretary of State

Entity Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

BOX 17016
W PALM BEACH, FL 334167016

New Principal Place of Business:

Current Mailing Address:

BOX 17016
W PALM BEACH, FL 334167016

New Mailing Address:

FEI Number: 52-1351992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHAIL, LEIGH
8634 VIA REALE APT 1
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

GOODING, JO ANN
2406 S. CONGRESS AVENUE
WEST PALM BEACH, FL 33406 US

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: JO ANN GOODING

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBERTS, KAREN
Address: 112 EASTERLY RD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: SEC () Delete
Name: SMITH, EDWARD
Address: 835 CEDAR COVE
City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete
Name: MCPHAIL, LEIGH
Address: 8634 VIA REALE APT 1
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PDE (X) Change () Addition
Name: LANTZ, ROY
Address: 1177 NW 118TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD (X) Change () Addition
Name: JO ANN, GOODING
Address: 2406 S. CONGRESS AVENUE
City-St-Zip: WEST PALM BEACH, FL 33406

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JO ANN GOODING

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date