FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:16

DOCUMENT # 761503 (2)

1. Corporation Name

HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWE ST FLORIDA, INC.

Principal Place of Business	Mailing Address
2727 WINKLER AVE FORT MYERS FL 33901	2727 WINKLER AVE FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1982
3a. Date of Last Report: 09/30/1994
4. FEI Number: 59-1620330 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VLASAK-SNELL, MARY
1833 HENDRY ST
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	CSOTTY, STEPHEN	1.2 NAME	Veresps, Suzanne
STREET ADDRESS	2727 WINKLER AVE	1.3 STREET ADDRESS	1519-4 Park Meadows Drive
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	FLATH, DENISE M	2.2 NAME	
STREET ADDRESS	1833 HENDRY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	REES, KATHY D	3.2 NAME	
STREET ADDRESS	2500 EDWARDS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, KIM	4.2 NAME	
STREET ADDRESS	8191 COLLEGE PKWY, SUITE 205	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CODY, DONNA	5.2 NAME	
STREET ADDRESS	4415 METRO PKWY, SUITE 116	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33916	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, PAM	6.2 NAME	
STREET ADDRESS	63 BARKLEY CIRCLE SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Veresps 3/14/95 813-481-2011
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
SUZANNE VERESPE, TREASURER

0058073