FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 01/19/1982
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21: 1833 Hendry Street
22: Suite, Apt. #, etc.
23: City & State: Ft. Myers, FL
24: Zip: 33901
25: Country: Lee

2a. Mailing Address
26: 1833 Hendry Street
27: Suite, Apt. #, etc.
28: City & State: Ft. Myers, FL
29: Zip: 33901
30: Country: Lee

4. FEI Number: 59-1620330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T VERESPE, SUZANNE 1519-4 PARK MEADOWS DRIVE FORT MYERS FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S Thorn, Lori 12693 New Brittany Blvd. 'B' Ft. Myers, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLATH, DENISE M 1833 HENDRY ST FORT MYERS FL 33901	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REES, KATHY D 2500 EDWARDS DR FORT MYERS FL 33901	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Keogh, Kathy D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERRY, KIM 8191 COLLEGE PKWY, SUITE 205 FORT MYERS FL 33919	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Mitchell, Sondra 2035 Colonial Blvd Ft. Myers, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODY, DONNA 4415 METRO PKWY, SUITE 116 FORT MYERS FL 33916	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Adler, Joan 201 East Joel Blvd. Lehigh, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURTIS, PAM 63 BARKLEY CIRCLE SW FORT MYERS FL 33907	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Barber, Lynn 1715 Monroe Street Ft. Myers, FL	☐ Change ☒ Addition

CR2E037 (12/95)

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)(k), 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: K. Keogh Kathy Keogh 4/10/96 941)337-0300 x5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #