FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90109 042 ****61.25

0086329

234708 - 90109 - 42

DOCUMENT # **761503**

1. Corporation Name

HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWE ST FLORIDA, INC.

Principal Place of Business	Mailing Address
16000 CHAMBERLIN PKWY SUITE 8671 FORT MYERS FL 33913 US	1600 CHAMBERLIN PKWY SUITE 8671 FORT MYERS FL 33913 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 18525 Sandy Cove Dr.	26 18525 Sandy Cove Dr.	01/19/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1620330 ☐ Applied For ☐ Not Applicable
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33912 25 USA	Zip / Country 29 33912 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARBAR, LYNN		1.2 NAME		
STREET ADDRESS	P.O. BOX 280, N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAVE-SMITH, JENNIFER		2.2 NAME		
STREET ADDRESS	P.O. BOX 280, N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAMBRECH, JANA		3.2 NAME		
STREET ADDRESS	24311 WALDEN CENTER, SUITE 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 34134		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, SONDRA		4. 2 NAME		
STREET ADDRESS	2035 COLONIAL BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JAKOBI, JOAN		5.2 NAME		
STREET ADDRESS	12635 S. CLEVELAND		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	KOCHLER, JOHN		6.2 NAME	KOEHLER, JOHN	
STREET ADDRESS	PO BOX 280 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Jill Lampley JILL LAMPLEY 2/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

761503

13. ADDITIONS/CHANGES TO #12

ADDITION
TITLE: VP
NAME: Dudak, Theresa
STREET ADDRESS: 2131 Andrea Lane
CITY-ST-ZIP: Fort Myers, FL 33912

ADDITION
TITLE: VP
NAME: Connor, Cheryl
STREET ADDRESS: 2500 Edwards Drive
CITY-ST-ZIP: Fort Myers, FL 33901

ADDITION
TITLE: T
NAME: Lampley, Jill
STREET ADDRESS: 18525 Sandy Cove Lane
CITY-ST-ZIP: Fort Myers, FL 33912

ADDITION
TITLE: D
NAME: Bartleson, Kimberly
STREET ADDRESS: 11215 Metro Parkway
CITY-ST-ZIP: Fort Myers, FL 33912

ADDITION
TITLE: D
NAME: Bishop, Stacey
STREET ADDRESS: PO Box 2425
CITY-ST-ZIP: Fort Myers, FL 33902-2425

ADDITION
TITLE: D
NAME: Potanovic, John
STREET ADDRESS: PO Box 280
CITY-ST-ZIP: Fort Myers, FL 33902