

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761503

FILED  
Mar 16, 2008  
Secretary of State

Entity Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

9470 HEALTH PARK CIRCLE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

9470 HEALTH PARK CIRCLE  
FORT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 59-1620330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VLASAK-SNELL, MARY  
1833 HENDRY ST  
FORT MYERS, FL 33901 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: RHOAD, LAURA SPHR  
Address: 4245 EVANS AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: PE ( ) Delete  
Name: BECKTA, TERESA  
Address: 1685 MEDICAL LANE  
City-St-Zip: FORT MYERS, FL 33905

Title: PP ( ) Delete  
Name: BRYSON, MARTHA SPHR  
Address: 9470 HEALTHPARK CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: T ( ) Delete  
Name: EVANS, ANNA PHR  
Address: 1850 BOY SCOUT DRIVE, STE. A101  
City-St-Zip: FORT MYERS, FL 33907

Title: VP ( ) Delete  
Name: JAYE, KAREN PHR  
Address: PO BOX 9344  
City-St-Zip: FORT MYERS, FL 33902

Title: D ( ) Delete  
Name: ROWSON, JANE  
Address: 24850 AVE 41 RD  
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: P (X) Change ( ) Addition  
Name: BECKTA, TERESA  
Address: 1685 MEDICAL LANE  
City-St-Zip: FORT MYERS, FL 33905

Title: PE (X) Change ( ) Addition  
Name: JOHN, DODD  
Address: 999 VANDERBILT BEACH ROAD, STE. 509  
City-St-Zip: NAPLES, FL 34108

Title: PP (X) Change ( ) Addition  
Name: RHOAD, LAURA SPHR  
Address: 9470 HEALTHPARK CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change ( ) Addition  
Name: LASHEY, JOANNE SPRH  
Address: P.O. BOX 280  
City-St-Zip: FORT MYERS, FL 33902

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

Title: D (X) Change ( ) Addition  
Name: L'HEUREUX, JANETTE  
Address: 6700 WINKLER ROAD, STE. 4  
City-St-Zip: FORT MYERS, FL 33919

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: JOANNE L. LASHEY

T

03/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date