

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761503

FILED
Jan 20, 2009
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:

4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916 US

Current Mailing Address:

9470 HEALTH PARK CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916 US

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: BECKTA, TERESA
Address: 1685 MEDICAL LANE
City-St-Zip: FORT MYERS, FL 33905

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

Title: PP () Delete
Name: RHOAD, LAURA SPRH
Address: 9470 HEALTHPARK CIRCLE
City-St-Zip: FORT MYERS, FL 33908

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DODD, JOHN
Address: 4371 VERONICA S SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: PE (X) Change () Addition
Name: ANDERSON, KAREN
Address: 15000 SHELL POINT BLVD
City-St-Zip: FT MYERS, FL 33908

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

Title: T (X) Change () Addition
Name: ZINGER, CYNTHIA
Address: 6061 SOUTH POINTE BLVD
City-St-Zip: FORT MYERS, FL 33919

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

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

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: JOHN H. DODD

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date