

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90001 025 \*\*\*\*70.00

**DOCUMENT # N01000000077**

1. Entity Name  
**THE CENTRAL FLORIDA HUMAN RESOURCE ASSOCIATION, INC.**



Principal Place of Business  
**POST OFFICE BOX 2527  
ORLANDO, FL 32802-2527**

Mailing Address  
**POST OFFICE BOX 2527  
ORLANDO, FL 32802-2527**

90001



01192006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-1638394**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOURIER, CHERYL  
250 SOUTH ORANGE AVE  
SUITE 120  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
Name **Audra Hollifield**  
Street Address (P.O. Box Number is Not Acceptable) **8701 Maitland Summit Blvd**  
City **Orlando** FL **32810**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature]** **Treasurer - CHIRA**  
**P.O. Box 2527 Or., Fl. 32802-2527** **2/26/06**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBBINS, ANN</b> <b>1000 MAITLAND CENTER COMMONS</b> <b>MAITLAND, FL 32761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FINNIGAN, JOHN</b> <b>301 E. PINE STREET, #1400</b> <b>ORLANDO, FL 32802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARRIS, ARTHUR</b> <b>500 SOUTH ORANGE AVE</b> <b>ORLANDO, FL 32801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>John Finnigan</b> <b>301 E. Pine Street, Suite 1400</b> <b>Orlando, FL 32802</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Elect</b> <b>Audra Hollifield</b> <b>8701 Maitland Summit Blvd</b> <b>Orlando, Florida 32801</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Elect</b> <b>3465 AMALCA Circle</b> <b>Orlando, FL 32837</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Aimee Brun</b> <b>7007 Feet Harbor Drive</b> <b>Orlando, FL 32821</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>John Finnigan</b> <b>301 E. Pine Street, Suite 1400</b> <b>Orlando, FL 32802</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **Treasurer, CHIRA** **2/26/06** **(407) 843-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR