## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000077

FILED Jan 22, 2008 Secretary of State

Entity Name: THE CENTRAL FLORIDA HUMAN RESOURCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 2527 ORLANDO, FL 328022527

FEI Number: 59-1638394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VAUGHN, TERESA MULDOWNEY, PATRICK M
3500 REYNOLDS ROAD 200 SOUTH ORANGE AVENUE
LAKELAND, FL 33803 US SUITE 2300
ORLANDO, FL 32801 US

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: PATRICK M. MULDOWNEY 01/22/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: VAUGHN, TERESA Name: MULDOWNEY, PATRICK M

Address: 3500 REYNOLDS ROAD Address: 200 SOUTH ORANGE AVENUE, SUITE 2300

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: ORLANDO, FL 32801

Title: PE ( ) Delete Title: PE (X) Change ( ) Addition

 Name:
 MULDOWNEY, PATRICK M
 Name:
 FERGUSON, TRICIA R

 Address:
 200 SOUTH ORANGE AVENUE, SUITE 2300
 Address:
 1855 W S.R. 434

 City-St-Zip:
 ORLANDO, FL 32801
 City-St-Zip:
 LONGWOOD, FL 32750

Title: S () Delete Title: S (X) Change () Addition

Name: BRUN, AIMEE Name: WAINEY, ANNETTE M

Address: 6355 METROWEST BLVD. Address: 1900 HOTEL PLAZA BLVD., 3RD FL. City-St-Zip: ORLANDO, FL 32835 City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 NEWLAND, ROBERT
 Name:
 MCCLOUD, KEITH

 Address:
 2101 WEST STATE ROAD 434, SUITE 207
 Address:
 3428 WILDER LANE

 City-St-Zip:
 LONGWOOD, FL 32835
 City-St-Zip:
 ORLANDO, FL 32804

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: PATRICK M. MULDOWNEY P 01/22/2008