

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000077

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2527
ORLANDO, FL 328022527

New Mailing Address:

FEI Number: 59-1638394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULDOWNNEY, PATRICK M
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801 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: MULDOWNNEY, PATRICK M
Address: 200 SOUTH ORANGE AVENUE, SUITE 2300
City-St-Zip: ORLANDO, FL 32801

Title: PE () Delete
Name: FERGUSON, TRICIA R
Address: 1855 W S.R. 434
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: WAINEY, ANNETTE M
Address: 1900 HOTEL PLAZA BLVD., 3RD FL.
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: T () Delete
Name: MCCLOUD, KEITH
Address: 3428 WILDER LANE
City-St-Zip: ORLANDO, FL 32804

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERGUSON, TRICIA R
Address: 620 GLENWOOD COURT #77
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PE (X) Change () Addition
Name: WAINEY, ANNETTE M
Address: 1900 HOTEL PLAZA BLVD., 3RD FL.
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: S (X) Change () Addition
Name: SOMERS, GINA
Address: 162 PINECREST DRIVE
City-St-Zip: SANFORD, FL 32773

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

Title: PP () Change (X) Addition
Name: MULDOWNNEY, PATRICK M
Address: 200 SOUTH ORANGE AVENUE, SUITE 2300
City-St-Zip: ORLANDO, FL 32801

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. MULDOWNNEY

PP

01/20/2009

Electronic Signature of Signing Officer or Director

Date