2006 NOT-FOR-PROFIT CORPORATION

of the corporation or the rece changed, or on an attachme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # N02000008114 03-01-2006 90017 035 ****61.25 SHRM JACKSONVILLE, INC. 10051 Mailing Address Principal Place of Business 7611 WEXFORD CLUB DR W. 7611 WEXFORD CLUB DR W. SUITE 710 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 02272006 Chg-NP Suite, Apt. #, etc. CR2E037 (11/05) Applied For City & State 4. FEI Number 41-2075812 City & State Not Applicable Zip Country Zip Country \$8:75 Additional . 5. Certificate of Status Desired --- -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KITCHEN, F. DAMON ESQ. Street Address (P.O. Box Number is Not Acceptable) 7611 WEXFORD CLUB DRIVE WEST JACKSONVILLE, FL 32256 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. חק Delete Change TITLE TITLE Cyndi Rooks LOUGHERY, SHELLEY NAME STREET ADDRESS 7611 WEXFORD CLUB DRIVE WEST STREET ADORESS 7611 Wexford Club Drive W. JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Florida 32256 ☐ Delete TITLE VD Change ☐ Addition TITLE NAME ROOKS, CYNDI NAME Karen Gallagher 7611 Wexford Club Drive W. 7611 WEXFORD CLUB DRIVE WEST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-7IP Jacksonville. Florida ☐ Delete TITLE -☐ Change ☐ Addition TITLE KITCHEN, F. DAMON NAME NAME 7611 WEXFORD CLUB DRIVE WEST STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32256 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIBLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information nental 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 trustee empowered to execute this export as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the infor indicated on this report or

FILED Mar 01, 2006 8:00 am

356-8900

#NO200008114

February 27, 2006

State of Florida Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2006 Annual Report Filing Fee

Dear Sir or Madam:

Please find enclosed check number 0416 made payable to the Florida Department of State in the amount of \$61.25 for filing fees concerning the 2006 Not-for-Profit Corporate Annual Report of SHRM Jacksonville, Inc. Also enclosed is the Annual Report.

. Damon Kitchen

Treasurer.

SHRM Jacksonville, Inc.

FDK/pp Enclosures