2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000011600

Entity Name: NATIONAL ASSOCIATION OF AFRICAN AMERICANS IN HUMAN RESOURCES INC., ORLANDO CHAPTER

Current Principal Place of Business:

1801 E. COLONIAL DRIVE
SUITE 214
ORLANDO, FL 32803

New Principal Place of Business:

5869 TALAVERA STREET
ORLANDO, FL 32807

Current Mailing Address:

P. O. BOX 536295
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 51-0618118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IDEHEN, SARRA A
5869 TALAVERA STREET
ORLANDO, FL 32807 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: PRES ( ) Delete
Name: IDEHEN, SARRA A
Address: 5869 TALAVERA STREET
City-St-Zip: ORLANDO, FL 32807

Title: DIR ( ) Delete
Name: NORWOOD, CHRIS
Address: 6478 LONG BREEZE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: DIR ( ) Delete
Name: GRIFFITHS, JACQUELINE
Address: 13259 HARBOR SHORE LANE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DIR (X) Delete
Name: NAZRY, LORI ESQ.
Address: 4612 OAK ARBOR CIRCLE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SARRA IDEHEN PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date