2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012617

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32803

111 N. ORLANDO AVENUE

WINTER PARK, FL 32789

BLOCK, MARK

() Delete

Entity Name: RESOURCE PERSONNEL, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 602 COURTLAND STREET ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 602 COURTLAND STREET ORLANDO, FL 32804 FEI Number: 20-8040875 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: TRIMBLE, TAMARA L 111 N. OŔLANDO AVE WINTER PARK, FL 32789 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HENDERSCHEDT, ROBERT Name: Name: 111 N. ORLANDO AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition FETTERS, MICHELLE Name: GIVENS, MICHELLE Name: Address: 602 COURTLAND STREET - SUITE 200 Address: 602 COURTLAND STREET - SUITE 200 City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: (X) Change () Addition ADDISCOTT, LYNN RATHBUN, PAUL Name: Name: 111 N. ORLANDO AVENUE 111 N. ORLANDO AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: WINTER PARK, FL 32789 Title: AS () Delete Title: () Change () Addition Name: DE PRADA, ARIEL Name: 111 N. ORLANDO AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: AS (X) Change () Addition SCHULTZ, MICHAEL Name: Name: MCMULLEN, ROBERT 2400 BEDFORD ROAD 602 COURTLAND STREET, SUITE 200 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32804

ORLANDO, FL 32804

RODMAN, DAVID

(X) Change () Addition

602 COURTLAND STREET, SUITE 200

SIGNATURE: ARIEL DE PRADA AS 01/14/2009