

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003903

FILED
May 01, 2012
Secretary of State

Entity Name: THE MID-FLORIDA SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

Current Principal Place of Business:

3618 JOSHUA LANE
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3065
LAKELAND, FL 338023065

New Mailing Address:

3618 JOSHUA LANE
LAKELAND, FL 33812

FEI Number: 59-2687145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIELEN, ELLEN
3618 JOSHUA LANE
LAKELAND, FL 33812 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: PD
Name: WOTRING, SANDY PRES
Address: P.O. BOX 5445
City-St-Zip: LAKELAND, FL 33807

Title: PD
Name: BRYANT, CRYSTAL ELECT
Address: 3095 HWY 640 W
City-St-Zip: MULBERRY, FL 33860

Title: VD
Name: THIELEN, ELLEN FINANCE
Address: P.O. BOX 391
City-St-Zip: BARTOW, FL 33831

Title: VD
Name: BRESLER, J LENORA ADMIN
Address: 987 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: VD
Name: PRATHER, ANDREA MEMBER
Address: P.O. BOX 497
City-St-Zip: MULBERRY, FL 33830

Title: VD
Name: TURNER, IVA PROGRAM
Address: DRAWER CC-1
City-St-Zip: BARTOW, FL 33831

I hereby 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 all other like empowered.

SIGNATURE: ELLEN THIELEN

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date