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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N34922** (7)

1. Corporation Name

**JACKSONVILLE CHAPTER, SOCIETY FOR HUMAN RESOURCE  
MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 551682  
JACKSONVILLE FL 32255-1682  
US

P.O. BOX 551682  
JACKSONVILLE FL 32255-1682  
US

3. Date Incorporated or Qualified  
**10/26/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILSTEAD, HOWARD N  
135 RIVERSIDE AVE.  
JACKSONVILLE FL 32202**

81 Name **Nancy Ford**  
82 Street Address (P.O. Box Number is Not Acceptable) **Mental Health Resource Center**  
83 **11820 Beach Blvd**  
84 City **Jacksonville** FL 85 Zip Code **32246**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Nancy S Ford*  
Signature, typed or printed name of registered agent and title if applicable

*Nancy S Ford*

*3/4/96*  
DATE

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILSTEAD, HOWARD	
STREET ADDRESS	135 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORD, NANCY F	
STREET ADDRESS	11820 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32245	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DONNA	
STREET ADDRESS	1 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JOYCE	
STREET ADDRESS	4910 BULLS BAY HWY.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SPRADLEY, ELIZABET	
STREET ADDRESS	P.O. BOX 60069 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HESSION, KEVIN	
STREET ADDRESS	7077 BONNERAC RD. STE. 430	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ford, Nancy
1.3 STREET ADDRESS	11820 Beach Blvd
1.4 CITY-ST-ZIP	JAX FL 32245
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thompson, Joyce
2.3 STREET ADDRESS	4910 Bulls Bay Hwy
2.4 CITY-ST-ZIP	JAX, FL 32219
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP Kevin Hession
3.3 STREET ADDRESS	7077 Bonnerac Road Ste 430
3.4 CITY-ST-ZIP	Jacksonville, FL 32216
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Saunders, Connie
4.3 STREET ADDRESS	1200 Riverplace - Stein Mart
4.4 CITY-ST-ZIP	Jacksonville, FL 32223
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Kay Brennen
5.3 STREET ADDRESS	301 Bay Street Ste 2412
5.4 CITY-ST-ZIP	Jacksonville, FL 32202-4434
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Richard Margulies
6.3 STREET ADDRESS	PO Box 4099 50 Java Street
6.4 CITY-ST-ZIP	Jacksonville, FL 32201

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Connie Saunders, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/29/96* *904 346 1473*  
Date Daytime Phone #

CR2E037 (12/95)