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Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34922 (7)

JACKSONVILLE CHAPTER, SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.



Principal Place of Business P.O. BOX 551682 JACKSONVILLE FL 32255-1682 US	Mailing Address P.O. BOX 551682 JACKSONVILLE FL 32255-1682 US	3. Date Incorporated or Qualified 10/26/1989
		4. FEI Number 59-2619689
		Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent THOMPSON, JOYCE 10301 N BUSCH DR JACKSONVILLE FL 32218	10. Name and Address of New Registered Agent 81 Name Kevin Hession 82 Street Address (P.O. Box Numbers Not Acceptable) 7077 Bonnevall Road, Suite 430 83 84 City Jacksonville FL FL 85 Zip Code 32216
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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 *Kevin Hession* 4/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUGHES, JOAN		1.2 NAME Joan Hughes	
STREET ADDRESS 3027 SAN DIEGO RD P O BOX 10097		1.3 STREET ADDRESS 3027 San Diego Rd	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville FL 32207	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMPSON, JOYCE		2.2 NAME Felicia Otterburg	
STREET ADDRESS 10301 N BUSCH DR		2.3 STREET ADDRESS 8131 Baymeadows Circle West, Ste. 200	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP Jacksonville FL 32256	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HESSION, KEVIN		3.2 NAME Kevin Hession	
STREET ADDRESS 7077 BENNARD RD, STE 430		3.3 STREET ADDRESS 7077 Bonnevall Road, Ste 430	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Jacksonville, FL 32216	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCORMACK, PATRICK		4.2 NAME Patrick McCormack	
STREET ADDRESS 21 W CHURCH ST T-14		4.3 STREET ADDRESS P.O. Box 67122 N-A	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville FL 32241-7122	
TITLE DV	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENNEN, KAY		5.2 NAME Elaine Waples	
STREET ADDRESS 580 W 8TH ST		5.3 STREET ADDRESS 1301 Riverplace Blvd, Ste 700	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP Jacksonville FL 32207	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARGULIS, RICHARD		6.2 NAME Richard Margulies	
STREET ADDRESS PO BOX 4099, 50 JAMA ST		6.3 STREET ADDRESS P.O. Box 4099 N-A	
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP Jacksonville FL 32201	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joan Hughes* 4/27/98

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Additions/Changes to Officers and Directors in 12

Title: Director (Addition)
Name: Sherwin Pulmano
Street Address: One Riverside Avenue
City, State, Zip: Jacksonville, FL 32202

Title: Director
Name: Linda Kulka
Street Address: 2000-1 Hendricks Avenue, Suite 29
City, State, Zip: Jacksonville, FL 32207

Title: Director
Name: Michelle Corse
Street Address: 7077 Bonneval Road, Suite 520
City, State, Zip: Jacksonville, FL 32216

Title: Director (Addition)
Name: Brenda Griffin
Street Address: 841 Prudential Drive
City, State, Zip: Jacksonville, FL 32207

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Title: Director
Name: Cathi Ford
Street Address: 900 University Blvd N, Suite 700
City, State, Zip: Jacksonville, FL 32211