

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90011 043 \*\*\*\*61.25

DOCUMENT # N34922

Corporation Name

JACKSONVILLE CHAPTER, SOCIETY FOR HUMAN RESOURCE  
MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

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



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/26/1989
City & State	City & State	4. FEI Number
Zip	Zip	59-2619689
Country	Country	Applied For
25	29	Not Applicable
28	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HESSION, KEVIN  
7077 BONNEVAL RD. STE. 430  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81. Name	Patrick McCormack
82. Street Address (P.O. Box Number is Not Acceptable)	10417 Deerfoot Lane N
83.	
84. City	Jacksonville FL
85. Zip Code	32257

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 617.0603, Florida Statutes.

Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/99

OFFICERS AND DIRECTORS

E	T	<input type="checkbox"/> DELETE
4E	HUGHES, JOAN	
REET ADDRESS	3027 SAN DIEGO RD	
-ST-ZIP	JACKSONVILLE FL 32207	
E	D	<input checked="" type="checkbox"/> DELETE
EE	FORD, CATHI	
REET ADDRESS	900 UNIVERSITY BLVD. N STE. 700	
-ST-ZIP	JACKSONVILLE FL 32211	
E	P	<input checked="" type="checkbox"/> DELETE
EE	HESSION, KEVIN	
REET ADDRESS	7077 BENNARD RD, STE 430	
-ST-ZIP	JACKSONVILLE FL 32216	
E	V	<input type="checkbox"/> DELETE
E	MCCORMACK, PATRICK	
REET ADDRESS	P.O. BOX 57122 N/A	
-ST-ZIP	JACKSONVILLE FL 32241	
E	D	<input type="checkbox"/> DELETE
E	KULKA, LINDA	
REET ADDRESS	2000-1 HENDRICKS AVE. STE. 29	
-ST-ZIP	JACKSONVILLE FL 32207	
E	S	<input type="checkbox"/> DELETE
E	MARGULIS, RICHARD	
REET ADDRESS	PO BOX 4099 N/A	
-ST-ZIP	JACKSONVILLE FL 32201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Catherine Steckner
2.3 STREET ADDRESS	8381 Dix Ellis Trail Suite 400
2.4 CITY-ST-ZIP	Jacksonville FL 32256
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elaine Waples
3.3 STREET ADDRESS	1301 Riverplace Blvd Suite 700
3.4 CITY-ST-ZIP	Jacksonville FL 32207
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/8/99 904665 7059

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