

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90038 043 \*\*\*\*61.25

**DOCUMENT # N43771**

1. Entity Name  
**OCALA HUMAN RESOURCE MANAGEMENT  
ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 1724  
OCALA, FL 34478**

Mailing Address  
**P O BOX 1724  
OCALA, FL 34478**

**50010008**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01312006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2947312**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKER, CAROL D  
1621 N CROFT AVE  
INVERNESS, FL 34453**

Name **Barbara R. Fitos**

Street Address (P.O. Box Number is Not Acceptable)

**AM SOUTH BANK  
~~1700 SE 17th ST~~**

City **OCALA**

**FL**

Zip Code **34471**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T  
NAME **STANTON, DOLORES** ☒ Delete  
STREET ADDRESS **601 SE 25 AVE**  
CITY-ST-ZIP **OCALA, FL 34471**

P  
NAME **FRANKER, CAROL D** ☐ Delete  
STREET ADDRESS **2703 NE 14TH ST**  
CITY-ST-ZIP **OCALA, FL 34470**

VP  
NAME **HOWERTON, RENEE** ☒ Delete  
STREET ADDRESS **3910 SW COLLEGE AVE**  
CITY-ST-ZIP **OCALA, FL 34474**

S  
NAME **ALEXANDER, SUSAN** ☐ Delete  
STREET ADDRESS **P O BOX 772731**  
CITY-ST-ZIP **OCALA, FL 34477**

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P **BARBARA R FITOS** ☐ Change ☒ Addition  
STREET ADDRESS **PO BOX 280**  
CITY-ST-ZIP **OCALA, FL 34478**

**FRANKER, CAROL D** ☒ Change ☐ Addition  
STREET ADDRESS **1621 N. CROFT AVE, INVERNESS, FL**  
CITY-ST-ZIP **34453**  
**IMMEDIATE PASTRES**

T **CAROL DOBECK** ☐ Change ☒ Addition  
STREET ADDRESS **3003 SW College Rd., Suite 107**  
CITY-ST-ZIP **Ocala, FL 34474**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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 #

**BARBARA R FITOS**

**2-21-06**

**352 854 4152**