

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43771

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3231 SW 34 AVENUE  
OCALA, FL 34479

**New Principal Place of Business:**

1401 NE 2ND STREET  
OCALA, FL 34470

**Current Mailing Address:**

3231 SW 34 AVENUE  
OCALA, FL 34479

**New Mailing Address:**

PO BOX 1724  
OCALA, FL 34478

**FEI Number:** 59-2947312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOXWORTH, ROY  
3231 SW 34 AVENUE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

SILVER, DAYLE  
1401 NE 2ND STREET  
OCALA, FL 34470 US

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: DAYLE SILVER

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: REDDISH, PATRICIA  
Address: 808 SW 12 STREET  
City-St-Zip: OCALA, FL 34474

Title: P  
Name: BALLARD, BRIAN  
Address: 1358 NE 63 STREET  
City-St-Zip: OCALA, FL 34479

Title: T  
Name: SILVER, DAYLE  
Address: 1932 CLATTER BRIDGE RD  
City-St-Zip: OCALA, FL 34471

Title: S  
Name: STEPHENS, PAT  
Address: 85 SW 52 AVE  
City-St-Zip: OCALA, FL 34474

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: DAYLE SILVER

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date