

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000001068 (6)

1. Corporation Name

INTERNATIONAL PERSONNEL MANAGEMENT ASSOCIATION,
CENTRAL NORTH-FLORIDA CHAPTER, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 68862
ORLANDO FL 32856

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ORLANDO FL 32856



500001888795

-07/10/96--01008--042

***\$61.25

3. Date Incorporated or Qualified 03/02/1993 3a. Date of Last Report 05/01/1995

4. FEI Number 59-3107996 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMERO, GERMAN
1301 EAST 2ND ST
SANFORD FL 32771

81 Name Linda Ramsey
82 Street Address (P.O. Box Number is Not Acceptable) 601 E. Kennedy Blvd, 17th Floor
83
84 Tampa FL 85 Zip Code 33602

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PPD ☒ DELETE
NAME BLANCA, TONY
STREET ADDRESS 400 SOUTH ORANGE AVE
CITY-ST-ZIP ORLANDO FL
TITLE PD ☐ DELETE
NAME ROMERO, GERMAN
STREET ADDRESS 1301 E 2ND ST
CITY-ST-ZIP SANFORD FL
TITLE PED ☐ DELETE
NAME LINDA RAMSEY
STREET ADDRESS 601 E. KENNEDY, 17TH FLOOR
CITY-ST-ZIP TAMPA FL
TITLE VD ☐ DELETE
NAME EVENDER SPRADLIN
STREET ADDRESS 1000 CITY CENTER CIRCLE
CITY-ST-ZIP PORT ORANGE FL
TITLE TD ☐ DELETE
NAME JIM GIBSON
STREET ADDRESS 601 E. KENNEDY, 17TH FLOOR
CITY-ST-ZIP TAMPA FL
TITLE SD ☐ DELETE
NAME DENARO, JOE
STREET ADDRESS 1300 9TH ST
CITY-ST-ZIP ST CLOUD FL

1.1 TITLE SD ☐ Change ☒ Addition
1.2 NAME Bill Meriwether
1.3 STREET ADDRESS 601 E. Kennedy Blvd, 16th Floor
1.4 CITY-ST-ZIP Tampa FL 33602
2.1 TITLE PPD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE PED ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE TD ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Ramsey 4/29/96 813-276-2746

CR2E037 (12/95)