

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004611

FILED
Mar 31, 2008
Secretary of State

Entity Name: HUMAN RESOURCE ASSOCIATION OF BROWARD COUNTY, INC.

Current Principal Place of Business:

SAME AS MAILING ADDRESS
FT. LAUDERDALE, FL 33310

New Principal Place of Business:

Current Mailing Address:

PO BOX 9623
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 65-0319346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLYNN, BARBARA
8200 W. SUNRISE BLVD.
SUITE #A4
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

ROWLAND, ROMA
1800 ELLER DRIVE
SUITE 600
FORT LAUDERDALE, FL 33316 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: ROMA ROWLAND

03/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLYNN, BARBARA
Address: 8200 W. SUNRISE BLVD, #A4
City-St-Zip: PLANTATION, FL 33322

Title: V () Delete
Name: ROWLAND, ROMA
Address: 1800 ELLER DRIVE, SUITE 600
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: S () Delete
Name: NEVILS, KRISTEN
Address: 9430 LIVE OAK PLACE
City-St-Zip: FT. LAUDERDALE, FL 33324

Title: T () Delete
Name: HAMILTON, MICHELLE
Address: 3342 LAUREL OAK STREET
City-St-Zip: HOLLYWOOD, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROWLAND, ROMA
Address: 1800 ELLER DRIVE, SUITE 600
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: V (X) Change () Addition
Name: PEREZ, MARIA
Address: 3101 N. FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: S (X) Change () Addition
Name: KEATING, PATSY
Address: 4323 N. CARAMBOLA CIRCLE
City-St-Zip: COCONUT CREEK, FL 33066

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROMA ROWLAND

P

03/31/2008

Electronic Signature of Signing Officer or Director

Date