

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006348

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** FLORIDA CHAPTER OF THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES, INC.

**Current Principal Place of Business:**

ROLLINS COLLEGE  
1000 HOLT AVE 2718  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

ROLLINS COLLEGE  
100 HOLT AVE. 2718  
WINTER PARK, FL 32789 US

**New Mailing Address:**

HUMAN RESOURCES  
ERAU, 600 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 59-3267263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOODLETT, KAREN  
6200 UNIVERSITY CENTER A  
FSU HUMAN RESOURCES  
TALLAHASSEE, FL 323062410 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOODLETT, KAREN  
Address: FSU 6200 UNIVERSITY CENTER A  
City-St-Zip: TALLAHASSEE, FL 32306 US

Title: PE ( ) Delete  
Name: WILLIAMS, JAMES  
Address: 2800 UNIVERSITY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32306 US

Title: T ( ) Delete  
Name: MCREYNOLDS, IRENE  
Address: ERAU, 600 S. CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: S ( ) Delete  
Name: LIEBLONG, LINDA  
Address: FSU, 6200 UNIVERSITY CENTER A  
City-St-Zip: TALLAHASSEE, FL 32306 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: IRENE MCREYNOLDS

T

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date