


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2007 8:00 am**  
**Secretary of State**

07-19-2007 90025 042 \*\*\*\*61.25

<b>DOCUMENT # N97000006106</b>	
1. Entity Name <b>ST. LUCIE COUNTY HUMAN RESOURCE ASSOCIATION, INC.</b>	

Principal Place of Business <b>P.O. BOX 12274 FORT PIERCE, FL 34979-2274 US</b>	Mailing Address <b>P.O. BOX 12274 FORT PIERCE, FL 34979-2274</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07122007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0828540</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KEEGAN, JENNIFER 1236 D NW SUN TERRACE CIR PORT ST LUCIE, FL 34986</b>	
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7. Name and Address of New Registered Agent Name <b>Tamara Williamson</b> Street Address (P.O. Box Number is Not Acceptable) <b>121 SW Port St. Lucie Blvd.</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34984</b>	
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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 <i>Tamara Williamson</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KEEGAN, JENNIFER 1236D NW SUN TERR CIRCLE PORT ST LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PE ST CLAIRE, JULIE 500 BOSTON AVE PORT ST LUCIE, FL 34950</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CARLSEN, ANDREA 3353 SE EAST SNOW RD PT ST LUCIE, FL 34984</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President Tamara Williamson 121 SW Port St. Lucie Blvd Port St Lucie, FL 34984</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President Amy Vaughn 1939 S. Federal Hwy Stuart, FL 34984</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary Erica Garrett 900 Virginia Ave Ft. Pierce, FL 34982</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer Lisa Mochan 121 SW Port St. Lucie Blvd Port St. Lucie, FL 34984</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE *L L Mor*

7/13/07