2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2014
Secretary of State
CC7435918466

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Entity Name: HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

5216 SUMMERLIN COMMONS BLVD.
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 61984
FORT MYERS, FL 33906 US

FEI Number: 59-1620330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NANCY , KORISTA
1454 MADISON AVENUE
IMMOKALEE, FL 34142 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: NANCY KORISTA 02/11/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PP
Name	JAYE, KAREN A
Address	PO BOX 9344
City-State-Zip:	FORT MYERS FL 33902

Title	PE
Name	SUZANNE, BOY
Address	1715 MONROE STREET
City-State-Zip:	FORT MYERS FL 33902

Title	P
Name	KORISTA, NANCY
Address	HEALTHCARE NETWORK OF SW FL 1454 MADISON AVENUE
City-State-Zip:	IMMOKALEE FL 34142

Title	T
Name	MONTEAGUDO, JANICE
Address	4350 FOWLER STREET SUITE 15
City-State-Zip:	FORT MYERS FL 33901

Title	S
Name	CANGELOSI, CATHERINE
Address	770 DUNLOP ROAD
City-State-Zip:	FORT MYERS FL 33957

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: NANCY KORISTA PRESIDENT 02/11/2014

Electronic Signature of Signing Officer/Director Detail — Date