

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012617

Entity Name: RESOURCE PERSONNEL, INC.**Current Principal Place of Business:**485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751**Current Mailing Address:**485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751 US**FEI Number:** 20-8040875**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIVENS, MICHELLE
485 N. KELLER ROAD
SUITE 250
MAITLAND, FL 32751 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CD
Name HENDERSCHIEDT, ROBERT
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D, ASSISTANT SECRETARY
Name RATHBUN, PAUL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AS
Name RODMAN, DAVID
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name EVANS, THOMAS
Address 12501 OLD COLUMBIA
City-State-Zip: SILVER SPRINGS MD 20904

Title PD
Name GIVENS, MICHELLE
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title AS
Name DE PRADA, ARIEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name ANDERSON, ROGER
Address 380 S. SR 434 #1004-151
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name MCDONALD, RAYMOND A
Address 2800 N ORLANDO AVENUE
City-State-Zip: ORLANDO FL 32804

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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: ARIEL DE PRADA**ASSISTANT SECRETARY** 02/23/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name ADDISCOTT, LYNN C
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name JOHNSON, KENT
Address 485 N. KELLER ROAD
SUITE 250
City-State-Zip: MAITLAND FL 32751

Title ASST. SECRETARY
Name SHAW, TERRY D
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name BLOCK, MARK
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASST. SECRETARY
Name SAUNDERS, MICHAEL
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ASSISTANT SECRETARY
Name GRAFF, JEFF
Address 900 HOPE WAY
City-State-Zip: ALTAMONTE SPRINGS FL 32714