

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 31 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33353

(6)

1. Corporation Name

CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATER
R. INC.

Principal Place of Business

Mailing Address

C/O DAVID E. FIGUEROA
303 N. FT. HARRISON AVE.
CLEARWATER FL 34615

C/O DAVID E. FIGUEROA
303 N. FT. HARRISON AVE.
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1989

3a. Date of Last Report

07/12/1994

4. FEI Number

59-2973520

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status



FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEROA, DAVID E
303 N. FT. HARRISON AVE.
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and 101 # application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
TINKELBERG, SUSAN K.
1709 STREET
CLEARWATER FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition
1709 TURNER STREET
CLEARWATER, FL 34616

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
TINKELBERG, RICHARD
1709 TURNER ST
CLEARWATER FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition
CLEARWATER, FL 34616

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
FIGUEROA, DAVID E.
3013 REGAL OAKS BLVD.
PALM HARBOR FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
GRIFFIN, JOHN F III
1870 MCKINLEY
CLEARWATER FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition
(DELETED)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Tinkenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD TINKELBERG

6/28/95

813-442-8820

Charleston 1/1/94