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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N33353** **(6)**

1. Corporation Name

CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATE 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 34615-3923

3. Date Incorporated or Qualified: 07/20/1989
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business	2a. Mailing Address
21 305 N. FORT HARRISON AVE.	26 305 N. FORT HARRISON AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip 24 34615-3923 Country 25 PINELLAS	Zip 29 34615-3923 Country 30 PINELLAS

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: LOUISE COURNOYER 82 Street Address (P.O. Box Number is Not Acceptable): ~~1739 KENILWORTH DR.~~ 83 305 N. FORT HARRISON AVE. 84 City: CLEARWATER FL 85 Zip Code: 34615

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: _____ LOUISE COURNOYER 4/30/97
Signature of new registered agent and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☑ DELETE	1.1 TITLE	DS	☐ Change ☑ Addition
NAME	TINKELENBERG, SUSAN K.		1.2 NAME	COURNOYER, LOUISE	
STREET ADDRESS	1709 TURNER STREET		1.3 STREET ADDRESS	1739 KENILWORTH DR.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE	DT	☐ DELETE	2.1 TITLE	DV	☐ Change ☑ Addition
NAME	TINKELENBERG, RICHARD		2.2 NAME	DAVID B. SLAUGHTER	
STREET ADDRESS	1709 TURNER ST		2.3 STREET ADDRESS	300 BUTTONWOOD LANE	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	HARBOR BLUFF, FL 33770	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIGUEROA, DAVID E.		3.2 NAME		
STREET ADDRESS	3013 REGAL OAKS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Tinkelenberg RICHARD TINKELENBERG 4/30/97 813-442-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066671