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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N33353

(6)

CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATE R. INC.

Principal Place of Business

Mailing Address

FILED
May 20 1997 8:00am
Secretary of State



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C/O DAVID E. I 303 N. FT. HAR	rison ave.	C/O DAVID E. FIGUEROA 303 N. FT. HARRISON AVE.				
CLEARWATER FL 34615		CLEARWATER FL 34615-3923		3. Date Incorporated or Qualified 07/20/1989	3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1989 04/03/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
305 N	, FORT HARRISON AUE.		HARRISON A	UE, 59-2973520	Not	Applicabl
Suite, Apt. #	f, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Rec	
Cily & State CLEAR	WATER, FL Country	City & State 28 CLEARWATE		Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip 1 277/15	-3923 25 PINELLAS	Zip 31/15 ~3977	Country	8. This corporation has liability for	intangible tax under s. Yes 19 No	199.032,
37613	9. Name and Address of Current	Registered Agent	PINELLI	5 Florida Statutes L 10. Name and Address of New Re		
***************************************			81 Name		_	
FIGUER(DA, DAVID E		10	uise cournor	ER	
	T. HARRISON AVE.		dz Street	Address (P.O. Box Number is Not Acceptal	DIE]	
	ATER FL 34615		83 72 0			
			30	<u>5 N. FORT HARRIS</u>) Codo
			84 City	EARWATER	FL 85 Zip C	6/5
1. Pursuant to	o the provisions of Sections 617,0502	and 617.1508, Florida Statutes	the above-named	corporation submits this statement for the		registere
office or re agent. I an	egi stered ag ent, or both, in the State c infamiliar-with, and accept the obligat	it Florida. Such change was aut Ions of, Section 617.0503, Flori	thorized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as r	registered
IGNATURE	Muse		LOUISE	OURNOYER 4	1/30/97	
		and little if applicable. [NOTE: I	Registered Agent signature	required when reinstating)	DATE	
/						
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