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04-07-1999 90015 042 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33353**

1. Corporation Name

CITIZENS COMMISSION ON HUMAN RIGHTS OF CLEARWATE R, INC.

Principal Place of Business	Mailing Address
305 N FORT HARRISON AVE CLEARWATER FL 34615 US	305 N FORT HARRISON AVE CLEARWATER FL 34615 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/20/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2973520 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired XX **$8.75** Additional Fee Required
Zip 33755 24 Country 25	Zip 33755 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COURNOYER, LOUIS
305 N FORT HARRISON AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name ROSA SOLLECITO
82 Street Address (P.O. Box Number is Not Acceptable)
83 305 N. FORT HARRISON AVE.
84 City CLEARWATER FL 85 Zip Code 33755

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 ROSA SOLLECITO, EXECUTIVE DIRECTOR 03 / 29 / 99
Signature, typed or 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COURNOYER, LOUIS 1739 KENILWORTH DR CLEARWATER FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D ROSA SOLLECITO PO BOX 7388 CLEARWATER, FL 33758 — ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TINKELENBERG, RICHARD 1709 TURNER ST CLEARWATER FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T/D PATRICIA WILKINS 1571 ELMWOOD ST. CLEARWATER, FL 33755 — ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FIGUEROA, DAVID E. 3013 REGAL OAKS BLVD. PALM HARBOR FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SLAUGHTER, DAVID 300 BUTTONWOOD LANE HARBOR BLUFF FL	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: DAVID FIGUEROA SIGNATURE REQUIRED 03 / 29 / 99 (727) 442-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #