

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90096 033 ****70.00

DOCUMENT # N33353 1. Entity Name CITIZENS COMMISSION ON HUMAN RIGHTS OF FLORIDA, INC.	
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Principal Place of Business 1217 744 N FORT HARRISON AVE CLEARWATER FL 33755 US	Mailing Address 1217 744 N FORT HARRISON AVE CLEARWATER FL 33755 US
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2. Principal Place of Business - No P.O. Box # 1217 N. Fort Harrison Ave	3. Mailing Address 1217 N. Fort Harrison Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater FL	City & State Clearwater FL
Zip 33755	Zip 33755
Country	Country

	
4. FEI Number 59-2973520	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent JOHNSON, PAUL B. 112 S. MAGNOLIA AVE TAMPA FL 33601	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

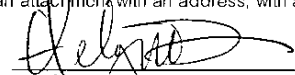
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FIGUEROA, DAVID 3013 REGAL OAK BLVD PALM HARBOR FL 34684 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DUNN, HELYN 701 BAY AVE #4 CLEARWATER FL 33756 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRAMER, KEN 15 TURNER ST #1 CLEARWATER FL 33756 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Helyn Dunn** 3/13/07 727-442-8820