2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N33353

Entity Name: CITIZENS COMMISSION ON HUMAN RIGHTS OF FLORIDA, INC.

Current Principal Place of Business:

1217 N. FORT HARRISON AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

1217 N. FORT HARRISON AVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2973520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, PAUL B.
112 S. MAGNOLIA AVE
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: CHALUPSKY, PAUL
Address: C/O 1217 N FORT HARRISON
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: LAURIE, ANSPACH
Address: C/O 1217 N FORT HARRISON
City-St-Zip: CLEARWATER, FL 33755

Title: TD ( ) Delete
Name: KRAMER, KEN
Address: 15 TURNER ST #1
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: CHALUPSKY, PAUL
Address: C/O 1217 N FORT HARRISON
City-St-Zip: CLEARWATER, FL 33755

Title: PD (X) Change ( ) Addition
Name: ANSPACH, LAURIE
Address: C/O 1217 N FORT HARRISON
City-St-Zip: CLEARWATER, FL 33755

Title: SD (X) Change ( ) Addition
Name: MUSIC, DIANE
Address: C/O 1217 N FORT HARRISON
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL CHALUPSKY TD 01/16/2009

Electronic Signature of Signing Officer or Director — Date