

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002964

Entity Name: FLORIDA CIVIL RIGHTS ASSOCIATION, INC.**Current Principal Place of Business:**750 SOUTH ORANGE BLOSSOM TRAIL
SUITE 264
ORLANDO, FL 32805**Current Mailing Address:**PO BOX 593248
ORLANDO, FL 32859**FEI Number: 84-1675341****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVID, J WILLIE III
750 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US*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**Officer/Director Detail :**Title DP
Name DAVID, III, J WILLIE
Address P O BOX 593248
City-State-Zip: ORLANDO FL 32859Title DS
Name RANDOLPH, LA-ZONDRA
Address P O BOX 593248
City-State-Zip: ORLANDO FL 32859Title D
Name DOLCE, JULINA
Address P O BOX 593248
City-State-Zip: ORLANDO FL 32859Title D
Name STOWE, HENRY
Address P.O. BOX 593248
City-State-Zip: ORLANDO, FL 32859Title D
Name TOWNSEND, DAISY
Address P.O. BOX 593248
City-State-Zip: ORLANDO FL 32859

I hereby 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 all other like empowered.

SIGNATURE: DAVID, III, J WILLIE**PRESIDENT****05/01/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date