

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007657

Entity Name: CIVIL RIGHTS CLINIC INC.

Current Principal Place of Business:

3407 WILD MYRTLE CT
WINDERMERE, FL 34786

Current Mailing Address:

3407 WILD MYRTLE CT
WINDERMERE, FL 34786 US

FEI Number: 27-3380522

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASHMI, KHALID A
3407 WILD MYRTLE CT
WINDERMERE, FL 34786 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 TRUSTEE, RECEIVER, COO
Name HASHMI, KHALID A ESQ.
Address 3407 WILD MYRTLE CT
City-State-Zip: WINDERMERE FL 34786

Title TRUSTEE, RECEIVER, CEO
Name QURESHI, MOHAMMAD R
Address 1112 LASCALA DRIVE
City-State-Zip: WINDERMERE FL 34786

Title TRUSTEE, RECEIVER, CO-CHAIRMAN
Name RAZA , ALI DR.
Address 14809 PEEKSKILL DRIVE
City-State-Zip: WINTER GARDEN FL 34786

Title TRUSTEE, RECEIVER, CO CHAIRMAN
Name SALEEM, MOHAMMAD DR.
Address 3407 WILD MYRTLE CT
City-State-Zip: WINDERMERE FL 34786

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: KHALID A HASHMI

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05/10/2013

Electronic Signature of Signing Officer/Director Detail

Date