

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000081

Entity Name: FLORIDA CIVIL RIGHTS ASSOCIATION FOUNDATION, INC.**Current Principal Place of Business:**750 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**Current Mailing Address:**P.O. BOX 593248
ORLANDO, FL 32859 US**FEI Number: 46-4425644****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 D
Name DAVID, J. WILLIE III
Address P.O. BOX 593248
City-State-Zip: ORLANDO FL 32859Title D
Name MOISE, RUDY
Address P.O. BOX 593248
City-State-Zip: ORLANDO FL 32859Title D
Name MORALES, DAISY
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 32859Title D
Name ROSARIO, JENNIFER
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 , J. WILLIE , III**D****09/19/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date