




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90094 017 ****61.25

DOCUMENT # F05000004957 1. Entity Name COUNCIL FOR SECULAR HUMANISM, INC.					
Principal Place of Business 5201 WEST KENNEDY BLVD., SUITE 124 TAMPA, FL 33609			Mailing Address 5201 WEST KENNEDY BLVD., SUITE 124 TAMPA, FL 33609		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40076410 	
City & State		City & State		4. FEI Number 16-1553469	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TONI VAN PELT 5201 WEST KENNEDY BLVD., SUITE 124 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KURTZ, PAUL 118 COVENT GARDEN LANE WILLIAMSVILLE, NY 14221 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED SHEET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BULLOUGH, VERN 3304 W. SIERRA DR. WEST LAKE VILLAGE, CA 91362 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KOEPESELL, DAVID 290 LITTLE ROBIN ROAD AMHERST, NY 14228 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLYNN, THOMAS 175 NORTH ST. #B-1 BUFFALO, NY 14201 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		THOMAS FLYNN		4/16/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 716-636-7571	

ATTACHMENT 40076410
F05000004957

ADDITION TO ITEM 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE : BDM ADDITION
NAME: Thomas Casten
STREET ADDRESS: 8 East 3rd St.
CITY-ST-ZIP: Hinsdale IL 60521

TITLE : BDM ADDITION
NAME: Kendrick Frazier
STREET ADDRESS: 944 Deer Drive NE
CITY-ST-ZIP: Albuquerque NM 87122-1306

TITLE : BDM ADDITION
NAME: Jonathan Kurtz
STREET ADDRESS: 59 John Glenn Drive
CITY-ST-ZIP: Amherst, NY 14228

TITLE : BDM ADDITION
NAME: Lee Nisbet
STREET ADDRESS: 39 Columbia Blvd.
CITY-ST-ZIP: Kenmore, NY 14217

TITLE : BDM ADDITION
NAME: Edward Tabash
STREET ADDRESS: 8484 Wilshire Blvd., Suite 850
CITY-ST-ZIP: Beverly Hills CA 90211

TITLE : BDM ADDITION
NAME: David L. Henehan
STREET ADDRESS: 5579 Avon-Lima Rd.
CITY-ST-ZIP: Avon NY 14414

TITLE : BDM ADDITION
NAME: Richard Schroeder
STREET ADDRESS: 1412 Sweet Home Road, Suite 7
CITY-ST-ZIP: Amherst, Ny 14228