


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90018 009 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1553469	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TONI VAN PELT 5201 WEST KENNEDY BLVD., SUITE 124 TAMPA, FL 33609			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008		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	BDM KELLEHER, DANIEL 439 GRAND AVE #146 BIG FORK, MT 59911
C KURTZ, PAUL 118 COVENT GARDEN LANE WILLIAMSVILLE, NY 14221		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM CASTEN, THOMAS 8 EAST 3RD ST HINSDALE, IL 60521	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM CASTEN, THOMAS 740 QUAIL RIDGE DRIVE WESTMONT, IL 60559
BDM CASTEN, THOMAS 8 EAST 3RD ST HINSDALE, IL 60521		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM FRAZIER, KENDRICK 944 DEER DR NE ALBUQUERQUE, NM 87122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM KURTZ, JONATHAN 59 JOHN GLENN DR AMHERST, NY 14228
BDM FRAZIER, KENDRICK 944 DEER DR NE ALBUQUERQUE, NM 87122		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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	BDM HENEHAN, DAVID 2 WOODRIDGE TRAIL HENRIETTA, NY 14467-8925
S FLYNN, THOMAS 175 NORTH ST. #B-1 BUFFALO, NY 14201		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM NISBET, LEE 39 COLUMBIA BLVD BUFFALO, NY 14217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM NISBET, LEE 7895 HAYES HOLLOW RD COLDEN, NY 14033
BDM NISBET, LEE 39 COLUMBIA BLVD BUFFALO, NY 14217		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM SCHROEDER, RICHARD 1412 SWEET HOME RD SUITE 7 BUFFALO, NY 14228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM TABASH, EDDIE 8484 WILSHIRE BLVD SUITE 850 BEVERLY HILLS, CA 90211
BDM SCHROEDER, RICHARD 1412 SWEET HOME RD SUITE 7 BUFFALO, NY 14228		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/26/2008 (716) 626-4869 ext 213 <small>Date Daytime Phone #</small>		