

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004957

FILED
Feb 19, 2009
Secretary of State

Entity Name: COUNCIL FOR SECULAR HUMANISM, INC.

Current Principal Place of Business:

5201 WEST KENNEDY BLVD., SUITE 124
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5201 WEST KENNEDY BLVD., SUITE 124
TAMPA, FL 33609

New Mailing Address:

FEI Number: 16-1553469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TONI VAN PELT
5201 WEST KENNEDY BLVD., SUITE 124
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KURTZ, PAUL
Address: 118 COVENT GARDEN LANE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: BDM () Delete
Name: CASTEN, THOMAS
Address: 740 QUAIL RIDGE DRIVE
City-St-Zip: WESTMONT, IL 60559

Title: BDM () Delete
Name: FRAZIER, KENDRICK
Address: 944 DEER DR NE
City-St-Zip: ALBUQUERQUE, NM 87122

Title: S () Delete
Name: FLYNN, THOMAS
Address: 175 NORTH ST. #B-1
City-St-Zip: BUFFALO, NY 14201

Title: BDM () Delete
Name: NISBET, LEE
Address: 7895 HAYES HOLLOW RD
City-St-Zip: COLDEN, NY 14033

Title: BDM () Delete
Name: SCHROEDER, RICHARD
Address: 1412 SWEET HOME RD SUITE 7
City-St-Zip: BUFFALO, NY 14228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BDM (X) Change () Addition
Name: KURTZ, JONATHAN
Address: 59 JON GLENN DR
City-St-Zip: AMHERST, NY 14228 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BDM (X) Change () Addition
Name: KELLEHER, DANIEL
Address: 439 GRAND AVE #146
City-St-Zip: BIG FORK, MT 59911 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS FLYNN

S

02/19/2009

Electronic Signature of Signing Officer or Director

Date