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J. Shiwers APR 22 2013

COVER LETTER

TO: **New Filing Section**

Division of Corporations

SUBJECT: Human Rights Defense Center, Inc.

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Susan Schwartzkopf

Name of Person

Human Rights Defense Center

Firm/Company

PO Box 2420

Address

West Brattleboro, VT 05303

City/State and Zip Code

sschwartzkopf@prisonlegalnews.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Schwartzkopf

at (802) 257-1342

Area Code & Daytime Telephone Number

Name of Person

MAILING ADDRESS:

New Filing Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$70.00 Filing Fee

□\$78.75 Filing Fee & Certificate of Status **□**\$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Human	Rights Defense Center, Inc.			
import in langu	oration: must include the word "INCORPORATED age as will clearly indicate that it is a corporation or seent. "Company" or "Co." may not be used as a	instead of a natural person or partnership i	f not so containe	d
_{2.} Washing	gton 3.9	94-3143411 (FEI number, if applicable)		
(State or cou	gion 3. Suntry under the law of which it is incorporated)	(FEI number, if applicable)		-
_{4.} July 2, 19	91 Date of Incorporation) 5.	perpetual		
(1	Date of Incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")	•
_{6.} <u>n/a</u>				
(Date first cond	ducted affairs in Florida if prior to registration. See se	ections 617.1501 & 617.1502, F.S, to detern	nine penalty liahi	lity.)
₇ 1037 We	estern Avenue, 2nd Floor, Brat	tleboro, VT 05301		
/·	(Principal of	fice address)		-
DO Boy	2420 West Brottlebore VT 052	103		
PU BOX	2420, West Brattleboro, VT 053	illing address)		-
	(Current Inc	ining additions)		
one or me	era of the nurnesse enecified in section	on 501(c)(3) of the Internal Per	ropus Codo	
8. (Purpose(s) of	ore of the purposes specified in section corporation authorized in home state or country to	he carried out in the state of Florida	rende Code	=
(i dipose(s) oi	corporation authorized in nome state of country to	be carried out in the state of Floriday		
9. Name and str	reet address of Florida registered agent: (P.O.	Box NOT acceptable)		
			1 2 S	<i>!</i>
Name:	Frank Kreidler			i I
	4424 C. Fadaral III		- 35 S	· "",
Office Address:	1124 S. Federal Hwy.	_		
	Laka Marth	22460	## ## ## ## ## ## ## ## ## ## ## ## ##	
	Lake Worth	, Florida 33460	是	
	(City)	(Zip Code)	Şm %	
10. Registere	d agent's acceptance:			
Having been no	amed as registered agent and to accept servi	ce of process for the above stated corp	poration at the	place
designated in the	his application, I hereby accept the appointno o comply with the provisions of all statutes r	nent as registered agent and agree to coloring to the proper and complete per	act in this cape rformance of r	icity. I nv
duties, and I ar	n familiar with and accept the obligations of	f my position as registered agent.	jormance by n	• •
		5 00		
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, , , , , , , , , , , , , , , , , , ,	(Registered as	gent's signature)	_	
•	(,		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS			
Chairman: Paul Wright			
Address: PO Box 2420			_
West Brattleboro, VT 05303			_
Vice Chairman: Dan Axtell			_
Address: PO Box 2420			
West Brattlboro, VT 05303			
Director: Rick Best			_
Address: PO Box 2420			-
West Brattleboro, VT 05303			_
Director: Judy Greene			_
Address: PO Box 2420			_
West Brattleboro, VT 05303 See addendum		_	_
B. OFFICERS			
President: Paul Wright			_
Address: PO Box 2420	ALC:	3 <u>AP</u> R	_
West Brattleboro, VT 05303	\$F	.₽ 	- ;- <u></u> ;
Vice President: Dan Axtell	H.,		
Address: PO Box 2420	STA	Ö	
West Brattleboro, VT 05303	 ≳щ	.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	_
Secretary: Rick Best			_
Address: PO Box 2420, West Brattleboro, VT 05303			_
Treasurer: Susan Schwartzkopf			_
Address: PO Box 2420, West Brattleboro, VT 05303			_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	or directo	ors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the specific of the specif	tion)		
Paul Wright \\ Cathaganad	шоп)		
(Typed or printed name and capacity of person signing application)			

Addendum to Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida

12. Names and addresses of officers and/or directors

A. Directors (continued)

Director: Bell Chevigny

Address: PO Box 2420, West Brattleboro, VT 05303

Director: Michael Godwin

Address: PO Box 2420, West Brattleboro, VT 05303

Director: Sheila Rule

Address: PO Box 2420, West Brattleboro, VT 05303

Director: Peter Sussman

Address: PO Box 2420, West Brattleboro, VT 05303

Director: Bill Trine

Address: PO Box 2420, West Brattleboro, VT 05303

Director: Howard Friedman

Address: PO Box 2420, West Brattleboro, VT 05303

SECREBATION STATE



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

HUMAN RIGHTS DEFENSE CENTER

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 7/2/1991.

I FURTHER CERTIFY that as of the date of this certificate, HUMAN RIGHTS DEFENSE CENTER remains active and has complied with the filing requirements of this office.

Date: February 25, 2013

UBI: 601-328-456



{{**!**}**!**

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State