

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90273 021 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000006015

1. Entity Name
SOUTHERN POVERTY LAW CENTER, INC.



Principal Place of Business
400 WASHINGTON AVENUE
MONTGOMERY, AL 36104 US

Mailing Address
400 WASHINGTON AVENUE
MONTGOMERY, AL 36104 US

60027280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006 Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
63-0598743

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☒ Delete
NAME LEVIN, JOSEPH J
STREET ADDRESS 400 WASHINGTON AVE
CITY-ST-ZIP MONTGOMERY, AL

TITLE C ☒ Change ☐ Addition
NAME James McElroy
STREET ADDRESS 400 Washington Avenue
CITY-ST-ZIP Montgomery, AL 36104

TITLE D ☐ Delete
NAME LEVIN, JOSEPH J
STREET ADDRESS 400 WASHINGTON AVENUE
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE D ☒ Change ☐ Addition
NAME David Wang
STREET ADDRESS 400 Washington Avenue
CITY-ST-ZIP Montgomery, AL 36104

TITLE D ☐ Delete
NAME CLARK, PATRICIA
STREET ADDRESS P. O. BOX 271
CITY-ST-ZIP NYACK, NY 10960

TITLE P ☒ Change ☐ Addition
NAME J. Richard Cohen
STREET ADDRESS 400 Washington Avenue
CITY-ST-ZIP Montgomery, AL 36104

TITLE D ☐ Delete
NAME HACKLEY, LLOYD
STREET ADDRESS 400 WASHINGTON AVENUE
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE S/T ☒ Change ☐ Addition
NAME Teenie Hutchison
STREET ADDRESS 400 Washington Avenue
CITY-ST-ZIP Montgomery, AL 36104

TITLE D ☐ Delete
NAME BOND, JULIAN
STREET ADDRESS 5435 41ST PLACE, NW
CITY-ST-ZIP WASHINGTON, DC 20015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MANDELL, HOWARD
STREET ADDRESS 275 WEST 96TH STREET
CITY-ST-ZIP NEW YORK, NY 10025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Teenie Hutchison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teenie Hutchison
Secretary / Treasurer

4/10/06
Date

334-956-8200
Daytime Phone #