


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90019 022 \*\*\*\*61.25

<b>DOCUMENT # F95000006015</b> 1. Entity Name <b>SOUTHERN POVERTY LAW CENTER, INC.</b>					
Principal Place of Business <b>400 WASHINGTON AVENUE MONTGOMERY, AL 36104 US</b>			Mailing Address <b>400 WASHINGTON AVENUE MONTGOMERY, AL 36104 US</b>		
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	02262008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>63-0598743</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MCELOY, JAMES</b> <input type="checkbox"/> Delete <b>400 WASHINGTON AVE</b> <b>MONTGOMERY, AL 36104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patricia Clark</b> <b>400 Washington Avenue</b> <b>Montgomery, AL 36104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVIN, JOSEPH J</b> <input type="checkbox"/> Delete <b>400 WASHINGTON AVENUE</b> <b>MONTGOMERY, AL 36104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Julian Bond</b> <b>400 Washington Avenue</b> <b>Montgomery, AL 36104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, PATRICIA</b> <input type="checkbox"/> Delete <b>P. O. BOX 271</b> <b>NYACK, NY 10960</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Howard Mandell</b> <b>400 Washington Avenue</b> <b>Montgomery, AL 36104</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HACKLEY, LLOYD</b> <input type="checkbox"/> Delete <b>400 WASHINGTON AVENUE</b> <b>MONTGOMERY, AL 36104</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOND, JULIAN</b> <input type="checkbox"/> Delete <b>5435 41ST PLACE, NW</b> <b>WASHINGTON, DC 20015</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANDELL, HOWARD</b> <input type="checkbox"/> Delete <b>275 WEST 96TH STREET</b> <b>NEW YORK, NY 10025</b>		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 <u>Teenie Hutchison</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Teenie Hutchison - Secretary / Treasurer <u>2/28/08</u> (334) 956-8200 <small>Date Daytime Phone #</small>		

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## ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 63-0598743	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCELOY, JAMES		NAME	David Wang	
STREET ADDRESS	400 WASHINGTON AVE		STREET ADDRESS	400 Washington Avenue	
CITY-ST-ZIP	MONTGOMERY, AL 36104		CITY-ST-ZIP	Montgomery, AL 36104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVIN, JOSEPH J		NAME	Vanzetta McPherson	
STREET ADDRESS	400 WASHINGTON AVENUE		STREET ADDRESS	400 Washington Avenue	
CITY-ST-ZIP	MONTGOMERY, AL 36104		CITY-ST-ZIP	Montgomery, AL 36104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, PATRICIA		NAME	Marsha Levick	
STREET ADDRESS	P. O. BOX 271		STREET ADDRESS	400 Washington Avenue	
CITY-ST-ZIP	NYACK, NY 10960		CITY-ST-ZIP	Montgomery, AL 36104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACKLEY, LLOYD		NAME	Richard Cohen	
STREET ADDRESS	400 WASHINGTON AVENUE		STREET ADDRESS	400 Washington Avenue	
CITY-ST-ZIP	MONTGOMERY, AL 36104		CITY-ST-ZIP	Montgomery, AL 36104	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, JULIAN		NAME	Teenie Hutchison	
STREET ADDRESS	5435 41ST PLACE, NW		STREET ADDRESS	400 Washington Avenue	
CITY-ST-ZIP	WASHINGTON, DC 20015		CITY-ST-ZIP	Montgomery, AL 36104	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDELL, HOWARD		NAME		
STREET ADDRESS	275 WEST 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10025		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.					
<b>SIGNATURE:</b> <i>Teenie Hutchison</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Teenie Hutchison - Secretary / Treasurer <b>2/28/08</b> (334) 956-8200 <small>Date Daytime Phone #</small>		