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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002052

1. Corporation Name

HUMAN RIGHTS CAMPAIGN, INC.

Principal Place of Business

919 18TH STREET NW
SUITE 800
WASHINGTON DC 20006

Mailing Address

919 18TH STREET NW
SUITE 800
WASHINGTON DC 20006



2. Principal Place of Business

21 **919 18TH STREET NW**

22 **SUITE 800**

23 **WASHINGTON, DC**

24 **20006** 25 **USA**

2a. Mailing Address

26 **919 18TH STREET NW**

27 **SUITE 800**

28 **WASHINGTON, DC**

29 **20006** 30 **USA**

3. Date Incorporated or Qualified

04/24/1996

4. FEI Number

52-1243457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1311 EXECUTIVE CENTER DRIVE
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BIRCH, ELIZABETH**
STREET ADDRESS **2101 CONNECTICUT AVE NW**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **V** ☐ DELETE
NAME **CONWAY, MARGARET**
STREET ADDRESS **919 18TH STREET NW, SUITE 800**
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **S** ☐ DELETE
NAME **NELSON, CATHY**
STREET ADDRESS **226 19TH ST NE**
CITY-ST-ZIP **WASHINGTON DC**

TITLE **T** ☐ DELETE
NAME **ALEXANDER, ANDRE**
STREET ADDRESS **919 18TH STREET NW, SUITE 800**
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **D** ☐ DELETE
NAME **BABA, OWEN**
STREET ADDRESS **919 18TH STREET NW, SUITE 800**
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **D** ☐ DELETE
NAME **BEAN, TERRY**
STREET ADDRESS **1882 SW HAWTHORNE TERRACE**
CITY-ST-ZIP **PORTLAND OR**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **ELIZABETH BIRCH**
1.3 STREET ADDRESS **919 18TH STREET NW, SUITE 800**
1.4 CITY-ST-ZIP **WASHINGTON, DC 20006**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **CATHY NELSON**
3.3 STREET ADDRESS **919 18TH STREET NW, SUITE 800**
3.4 CITY-ST-ZIP **WASHINGTON, DC 20006**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **TERRY BEAN**
6.3 STREET ADDRESS **919 18TH STREET NW, SUITE 800**
6.4 CITY-ST-ZIP **WASHINGTON, DC 20006**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99

Date

(202) 216-1518

Daytime Phone #

CR2E037 (1/1/98)