## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003774

FILED Feb 25, 2008 Secretary of State

Entity Name: SOUTH FLORIDA HUMAN RIGHTS COUNCIL INC.

**Current Principal Place of Business: New Principal Place of Business:** 6804 NORTH WEST 29TH PLACE MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 6804 NORTH WEST 29TH PLACE MARGATE, FL 33063 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KANE, DOUGLAS J KANE, DOUGLAS J 110 SÚNDIAL CIRCLE A 6804 NORTH WEST 29TH PLACE MARGATE, FL 33068 MARGATE, FL 33063 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: DOUGLAS J. KANE 02/25/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOSELY, SHERMAN Name: Name: 410 SW 31ST AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: () Delete Title: () Change () Addition KANE, DOUGLAS J Name: Name: Address: 110 SUNDIAL CIRCLE A Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL, PEGGY Name: Name: Address: 6230 SW 26 STREET Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ALVAREZ, MERCEDES Name: 3 NORTH CAROL BOULEVARD Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: ( ) Delete Title: () Change () Addition TITTMANN, BERNARD T Name: Name: 4200 HILLCREST DR. APT. 418 Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: ( ) Delete Title: () Change () Addition TROUTMAN, TOMMY BISHOP Name: Name: Address: 2210 WEST OAKLAND PARK BLVD. Address: OAKLAND PARK, FL 33311 City-St-Zip: 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: DOUGLAS J. KANE VP 02/25/2008