

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002964

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLORIDA CIVIL RIGHTS ASSOCIATION, INC.

Current Principal Place of Business:

1003 SOUTH KIRKMAN ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 593248
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 84-1675341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, J WILLIE III
1003 SOUTH KIRKMAN ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: DAVID, J WILLIE III
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: MS () Delete
Name: WASHINGTON, TAMMI
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: MR (X) Delete
Name: JOHNSON, WILLIE
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: MS () Delete
Name: SPARKS, ALMA
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: MS () Delete
Name: WATSON, MARSHA
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRS (X) Change () Addition
Name: DAVID, J WILLIE III
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: DST (X) Change () Addition
Name: WATSON, MARSHA
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: SPARKS, ALMA
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

Title: DIR (X) Change () Addition
Name: WASHINGTON, TAMMI
Address: P O BOX 593248
City-St-Zip: ORLANDO, FL 32859

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: J WILLIE DAVID III

Electronic Signature of Signing Officer or Director

PRS

04/30/2007

Date