

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002964

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** FLORIDA CIVIL RIGHTS ASSOCIATION, INC.

**Current Principal Place of Business:**

927 SOUTH GOLDWYN AVENUE  
ORLANDO, FL 32805

**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  
927 SOUTH GOLDWYN AVENUE  
ORLANDO, FL 32805 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: DP ( ) Delete  
Name: DAVID, J WILLIE III  
Address: P O BOX 593248  
City-St-Zip: ORLANDO, FL 32859

Title: DVP ( ) Delete  
Name: THERVIL, ERNST  
Address: P O BOX 593248  
City-St-Zip: ORLANDO, FL 32859

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

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

Title: DS ( ) Delete  
Name: SMITH, KATIANA  
Address: P.O. BOX 593248  
City-St-Zip: ORLANDO, FL 32859 OR

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date