

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005425

FILED  
Jul 17, 2007  
Secretary of State

**Entity Name:** FLORIDA INSTITUTES FOR THE HEALING OF RACISM, INC.

**Current Principal Place of Business:**

9481 RICHMOND CIRCLE  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

9481 RICHMOND CIRCLE  
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number:** 20-3051625      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOPEZ, ADRIANN  
9481 RICHMOND CIRCLE  
BOCA RATON, FL 33434      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: C      ( ) Delete  
Name: MESSIAS, HEATHER  
Address: 599 SW 8 TERRACE  
City-St-Zip: BOCA RATON, FL 33486

Title: VC      ( ) Delete  
Name: LOPEZ, ADRIANN  
Address: 9481 RICHMOND CIRCLE  
City-St-Zip: BOCA RATON, FL 33434

Title: S      ( ) Delete  
Name: ISGOL, BAYLON  
Address: 6503 NORTH MILITARY TRAIL #2804  
City-St-Zip: BOCA RATON, FL 33496

Title: T      ( ) Delete  
Name: DOWES, POLLY  
Address: 806 SE 7 STREET #406 C  
City-St-Zip: DEERFIELD BEACH, FL 33441

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

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

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

Title: S      (X) Change ( ) Addition  
Name: ISGOL, CEYLON  
Address: 6503 NORTH MILITARY TRAIL #2804  
City-St-Zip: BOCA RATON, FL 33496

Title: T      (X) Change ( ) Addition  
Name: DAWES, POLLY  
Address: 806 SE 7 STREET #406 C  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: ADRIANN LOPEZ

VC

07/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date