

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 20, 2006
Secretary of State

DOCUMENT# N05000006797

Entity Name: HUMAN RIGHTS AWARENESS ON CAMPUS INC.**Current Principal Place of Business:**UNIVERSITY OF FLORIDA, DEPT OF POLITICAL
SCIENCE, 234 ANDERSON HALL, BOX 117325
GAINESVILLE, FL 32611**New Principal Place of Business:**UNIVERSITY OF FLORIDA, DEPT OF POLITICAL
SCIENCE, 234 ANDERSON HALL, BOX 117325
GAINESVILLE, FL 32611 US**Current Mailing Address:**3515 SW 39TH BLVD
25C
GAINESVILLE, FL 32608**New Mailing Address:**UNIVERSITY OF FLORIDA, DEPT OF POLITICAL
SCIENCE, 234 ANDERSON HALL, BOX 117325
GAINESVILLE, FL 32611 US**FEI Number:** 03-0589112**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MEDDOFF, ROCHELLE
234 ANDERSON HALL 177325
GAINESVILLE, FL 32611 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:** D () Delete
Name: STEVENS, CHARLES
Address: 315 NW 29TH ST
City-St-Zip: GAINESVILLE, FL 32607**Title:** S () Delete
Name: RAHING, ASHLEY
Address: 6538 SW 27TH PLACE
City-St-Zip: MIRAMAR, FL 33023**Title:** T () Delete
Name: MEDDOFF, ROCHELLE
Address: 3515 SW 39TH BLVD 25C
City-St-Zip: GAINESVILLE, FL 32608**Title:** () Delete
Name:
Address:
City-St-Zip:**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:** P () Change (X) Addition
Name: WOLFE, NIKOLAS M
Address: 8774 NW 50TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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: NIKOLAS WOLFE

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date