

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011821

FILED
Mar 23, 2007
Secretary of State

Entity Name: CITIZENS COMMISSION ON HUMAN RIGHTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

801 MADRID STREET, 208
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

801 MADRID STREET, 208
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5909584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, SAUL B
1515 UNIVERSITY DRIVE, 222
CORAL SPRINGS, FL 33071 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: ALVAREZ, MERCEDES
Address: 801 MADRID STREET, 208
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: QUINONES, BOLIVAR
Address: 801 MADRID STREET, 208
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MEYERSON, RON
Address: 801 MADRID STREET, 208
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LIPSON, SAUL B
Address: 1515 UNIVERSITY DRIVE, 222
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALVAREZ, MARIA M
Address: 801 MADRID STREET, 208
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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: SAUL B LIPSON

D

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date