

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08126 (7)

1. Corporation Name
HUMAN RIGHTS FOUNDATION, INC.

Principal Place of Business 921 NW 13TH STREET GAINESVILLE FL 32601-1141	Mailing Address 921 NW 13TH STREET GAINESVILLE FL 32601-4141
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/13/1985	3a. Date of Last Report 02/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2550906	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent O'MALLEY, LOIS ANNE 1709 NW 98TH STREET GAINESVILLE FL 32608	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'MALLEY, LOIS ANNE	1.2 NAME	Peggy James
STREET ADDRESS	1709 NW 98TH STREET	1.3 STREET ADDRESS	7700 N.W. 40th Ave.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, WILLIAM J	2.2 NAME	
STREET ADDRESS	1727 SW 42ND AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAWLEY, JAMES	3.2 NAME	
STREET ADDRESS	1928 NW 39TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, MARY	4.2 NAME	
STREET ADDRESS	1727 SW 42ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAXTON, CAROL J	5.2 NAME	
STREET ADDRESS	BOX 711 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lois Anne O'Malley, Treasurer**  352-378-7824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (9/96)