

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N09000006092

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** CIVIL RESPONSIBILITIES MOVEMENT, INC.

**Current Principal Place of Business:**

1526 UNIVERSITY BLVD W SUITE 423  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1526 UNIVERSITY BLVD W SUITE 423  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 30-0557642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEERTS, SALLY E  
5323 STETSON RD  
JACKSONVILLE, FL 32207 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:** SALLY E. WEERTS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WEERTS, SALLY E  
**Address:** 5323 STETSON ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

**Title:** TREA  
**Name:** AUGSPURGER, ROBERT L  
**Address:** 2017 PALMETTO POINT BLVD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082 US

**Title:** VP  
**Name:** POCZATEK, DEBRA  
**Address:** 323 MANSON LN  
**City-St-Zip:** JACKSONVILLE, FL 32220 US

I hereby 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 all other like empowered.

**SIGNATURE:** SALLY E. WEERTS

PRES

02/21/2011

Electronic Signature of Signing Officer or Director

Date