## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33353

FILED Feb 29, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1217 N. FORT HARRISON AVE CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

1217 N. FORT HARRISON AVE CLEARWATER, FL 33755 US

FEI Number: 59-2973520 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

JOHNSON, PAUL B. 112 S. MAGNOLIA AVE TAMPA, FL 33601 US

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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: SD (X) Change () Addition Name: FIGUEROA, DAVID Name: CHALUPSKY, PAUL
Address: 3013 REGAL OAK BLVD Address: C/O 1217 N FORT HARRISON
City St Zin: Classification City St Zi

City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: CLEARWATER, FL 33755

Title: SD ( ) Delete Title: PD (X) Change ( ) Addition Name: DUNN, HELYN Name: LAURIE, ANSPACH

Name: DONN, HELTN Name: LAORIE, ANSPACH
Address: 701 BAY AVE #4 Address: C/O 1217 N FORT HARRISON

City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33755

Title: TD () Delete Title: () Change () Addition

 Name:
 KRAMER, KEN
 Name:

 Address:
 15 TURNER ST #1
 Address:

 City-St-Zip:
 CLEARWATER, FL 33756
 City-St-Zip:

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: PAUL CHALUPSKY SD 02/29/2008