2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2011
Secretary of State

DOCUMENT# N93000003760

Entity Name: HUMAN RIGHTS COUNCIL OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

BOX 2112
GAINESVILLE, FL 32602

New Principal Place of Business:

Current Mailing Address:

BOX 2112
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3197793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARP, ROBERT
1101 NW 43RD AVE
GAINESVILLE, FL 32609 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: PD
Name: EICHNER, SUSAN
Address: 9772 SW 52ND RD
City-St-Zip: GAINESVILLE, FL 32608

Title: TD
Name: MARTIN, TIMOTHY
Address: 10430 SW 12TH TER
City-St-Zip: MICANOPY, FL 32667

Title: SD
Name: GOLDSMITH, ABIGAIL
Address: 1708 NW 10TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD
Name: FLEMING, TERENCE
Address: PO BOX 6024
City-St-Zip: GAINESVILLE, FL 32627

Title: D
Name: TURCOTTE, FLORENCE
Address: 1215 NW 36TH TER
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: PRATHER, ROBERT
Address: 320 SE 3RD ST APT B15
City-St-Zip: GAINESVILLE, FL 32601

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: TIMOTHY MARTIN TD 02/26/2011

Electronic Signature of Signing Officer or Director Date