2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003760

FILED Mar 08, 2012 Secretary of State

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

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

BOX 2112 BOX 1291

GAINESVILLE, FL 32602 GAINESVILLE, FL 32604

Current Mailing Address: New Mailing Address:

BOX 2112 BOX 12912

GAINESVILLE, FL 32602 GAINESVILLE, FL 32604

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

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

KARP, ROBERT 1101 NW 43RD AVE GAINESVILLE, FL 32609 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:

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:

 Name:
 TURCOTTE, FLORENCE

 Address:
 1215 NW 36TH TER

 City-St-Zip:
 GAINESVILLE, FL 32605

Title:

 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 N. MARTIN TD 03/08/2012