## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



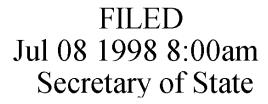
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000003473 (3) DOCUMENT # 1. Corporation Name

VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.





Principal Plac	e of Rusiness	Mailing Address					
Principal Place of Business Mailing Address  2100 N CITRUS BLVD LEESBURG FL 34748 LEESBURG FL 34748-300							
					3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last	Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
26		<del></del>		59-34464	<del> </del>	lot Applicable	
Suite, Apt.	#, <del>0</del> 1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
Clty & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	9. Name and Address of Currer	29	30		Florida Statutes  10. Name and Address of New Re	Yes No	
	5. Hame and Address of Curren	it Hagisterad Agent	B1	Name	TO. Hame and Address of New No	Alatered whole	
LICOMIA	M MADIEV C						
HERMAN, HARLEY S 2100 N CITRUS BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
	JRQ FL 34748		83	-			
ı	•		84	City		<b>85</b> Zip	Code
				<u></u>	poration submits this statement for the	FL 6	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title 4 applicable (NOT D DIRECTORS	f: Registered Ag	ent signature requ	ried when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1,1 TITLE			Change	Addition
NAME	LIVINGSTON, HARRIET		1.2 NAME				
STREET ADDRESS	P O BOX 262 N/A		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	OKAHUMPKA FL 34762		1.4 CITY -	ST-ZIP			
TITLE	D	☐ DELETE	2 1 TITLE			☐ Change	Addition
NAME	MERMAN, HARLEY S		22 NAME				
STREET ADDRESS	2100 N CITRUS BLVD			T ADDRESS			
CITY-ST-ZIP TITLE	LEESBURG FL 34748	DELETE	2. 4 CITY- 3.1 TITLE	S1-ZIP		Change	Addition
NAME	MATHIS, ANNE		3.2 NAME				
STREET ADDRESS	2100 N CITRUS BLVD			T ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748		3.4. CITY-	ST-ZIP			
TITLE	D	DELETE	4.1 TITLE			☐ Change	Addition
NAME	<b>REDDICK</b> , ALZO J		4 2 NAME				
STREET ADDRESS	4562 S ORANGE BLSM TR			T ADDRESS			
CITY-ST-ZIP TITLE	DRLANDO FL 32839	DELETE	4.4 CiTY - 5.1 TITLE	ST-ZIP		Change	Addition
NAME	<b>D</b> <b>Robe</b> rts-Burke, Beryl	- DULLIC	5.1 TITLE 5.2 NAME			☐ cristige	- Vocation
STREET ADDRESS	8340 NE 2 AVE STE 212			ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138-3807		5.4 CITY-				
TITLE	D	DELETE	61 TITLE			☐ Change	☐ Addition
NAME	<b>DENNIS, WILYE F</b>		6.2 NAME				
STREET ADDRESS	9671 LEM TURNER RD		6.3 STREE	T ADDRESS			
CITY-\$T-ZIP	JACKSONVILLE FL 32208		6.4 CITY-			<del> </del>	
14 I do horsh	are and the that the information armalia.	فللعبيس فمع مممام ممثلية عنطة طفنيداه	bu for the eve	montion states	d in Coation 110 07/3\/i) Florida Ctatuta	امطان كالفيسم سمطانين كالم	e tha

r oo 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 impowered 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.