

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003473 (3)**

1. Corporation Name

VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2100 N CITRUS BLVD
LEESBURG FL 34748**

**2100 N CITRUS BLVD
LEESBURG FL 34748-3007**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1996		3a. Date of Last Report 1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-344649		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERMAN, HARLEY S
2100 N CITRUS BLVD
LEESBURG FL 34748**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIVINGSTON, HARRIET			1.2 NAME			
STREET ADDRESS	P O BOX 262 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	OKAHUMPKA FL 34762			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERMAN, HARLEY S			2.2 NAME			
STREET ADDRESS	2100 N CITRUS BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHIS, ANNE			3.2 NAME			
STREET ADDRESS	2100 N CITRUS BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDDICK, ALZO J			4.2 NAME			
STREET ADDRESS	4562 S ORANGE BLSD TR			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32839			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS-BURKE, BERYL			5.2 NAME			
STREET ADDRESS	8340 NE 2 AVE STE 212			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138-3807			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENNIS, WILYE F			6.2 NAME			
STREET ADDRESS	8671 LEM TURNER RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32208			6.4 CITY-ST-ZIP			

14. I do 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 empowered 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.

CR2E037 (9/96)