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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003473

1. Corporation Name

VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.

Principal Place of Business

2100 N CITRUS BLVD
LEESBURG FL 34748

Mailing Address

2100 N CITRUS BLVD
LEESBURG FL 34748



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

59-3444469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HERMAN, HARLEY S
2100 N CITRUS BLVD
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME LIVINGSTON, HARRIET
STREET ADDRESS P O BOX 262 N/A
CITY-ST-ZIP OKAHUMPKA FL 34762

TITLE ☐ DELETE

NAME HERMAN, HARLEY S
STREET ADDRESS 2100 N CITRUS BLVD
CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME MATHIS, ANNE
STREET ADDRESS 2100 N CITRUS BLVD
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ DELETE

NAME REDDICK, ALZO J
STREET ADDRESS 4562 S ORANGE BLSD TR
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME ROBERTS-BURKE, BERYL
STREET ADDRESS 8340 NE 2 AVE STE 212
CITY-ST-ZIP MIAMI FL 33138-3807

TITLE ☐ DELETE

NAME DENNIS, WILYE F
STREET ADDRESS 8671 LEM TURNER RD
CITY-ST-ZIP JACKSONVILLE FL 32208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (352) 787-5297

Date

Daytime Phone #

CR2E037 (1/98)