

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003473

FILED
Sep 13, 2002
Secretary of State

Entity Name: VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.

Current Principal Place of Business:

2100 N CITRUS BLVD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

2100 N CITRUS BLVD
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3444469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, HARLEY S
2100 N CITRUS BLVD
LEESBURG, FL 34748 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: D () Delete
Name: LIVINGSTON, HARRIET
Address: P O BOX 262 N/A
City-St-Zip: OKAHUMPKA, FL 34762

Title: DM () Delete
Name: HERMAN, HARLEY S
Address: 2100 N CITRUS BLVD
City-St-Zip: LEESBURG, FL

Title: D () Delete
Name: MATHIS, ANNE
Address: 2100 N CITRUS BLVD
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: REDDICK, ALZO J
Address: 4562 S ORANGE BLSD TR
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: ROBERTS-BURKE, BERYL
Address: 8340 NE 2 AVE STE 212
City-St-Zip: MIAMI, FL 331383807

Title: D () Delete
Name: DENNIS, WILYE F
Address: 8671 LEM TURNER RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARLEY S. HERMAN

DM

09/13/2002

Electronic Signature of Signing Officer or Director

Date