

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

05-12-2005 90248 010 ****61.25

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1. Entity Name
VIRGIL HAWKINS CIVIL RIGHTS FOUNDATION, INC.



Principal Place of Business
**1033 SMITH STREET
EUSTIS, FL 32726**

Mailing Address
**C/O HARLEY HERMAN
P O BOX 87
ORLANDO, FL 32802**



04292005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3444469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERMAN, HARLEY S
322 N MAGNOLIA AVENUE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
HERMAN, HARLEY S
~~2400 NORTHERN BLVD~~
~~DEERBURY, FL~~**

*P O Box 87
Orlando FL 32802*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATHIS, ANNE
2100 NW 21ST STREET
OCAL, FL 34475**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REDDICK, ALZO J
4562 S ORANGE BLVD
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS-BURKE, BERYL
8340 NE 2 AVE STE 212
MIAMI, FL 331383807**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNIS, WILY F
8871 LEM TURNER RD
JACKSONVILLE, FL 32208**

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

407-992-3534

Daytime Phone #