2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State
08-29-2006 90003 037 ****61.25

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

40102014

Principal Place of Business	Mailing Address
1033 SMITH STREET EUSTIS, FL 32726	C/O HARLEY HERMAN ~~P O BOX 87~~ 500 N. Westshore Blvd ~~ORLANDO, FL 32802~~ Suite 940 Tampa, FL 33609

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08222006 Chg-NP CR2E037 (4/06)

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	7. Name and Address of New Registered Agent
HERMAN, HARLEY S ~~322 N MAGNOLIA AVENUE~~ 500 N. Westshore Blvd ~~ORLANDO, FL 32801~~ Suite 940 Tampa, FL 33609	Name: same Street Address (P.O. Box Number is Not Acceptable): 500 N. Westshore Blvd Suite 940 City: Tampa FL Zip Code: 33609

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: Harley S Herman — 8/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGSTON, HARRIET P O BOX 262 N/A OKAHUMPKA, FL 34762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM HERMAN, HARLEY S ~~PO BOX 87~~ 500 N. Westshore Blvd Ste 940 ~~ORLANDO, FL 32802~~ Tampa, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHIS, ANNE 2100 NW 21ST STREET OCAL, FL 34475	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REDDICK, ALZO J 4562 S ORANGE BLSM TR ORLANDO, FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS-BURKE, BERYL 8340 NE 2 AVE STE 212 MIAMI, FL 331383807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DENNIS, WILYE F 8671 LEM TURNER RD JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 8/24/06 813-288-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #