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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90220 012 \*\*\*\*61.25

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1. Corporation Name

COMMUNITY RACE RELATIONS FORUM, INC.

Principal Place of Business

847 EAST PARK AVENUE  
TALLAHASSEE FL 32303

Mailing Address

847 EAST PARK AVENUE  
TALLAHASSEE FL 32303



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

59-3480159

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

ALVAREZ, ANNA  
847 EAST PARK AVENUE  
TALLAHASSEE FL 32303

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 D ☐ DELETE  
NAME MERRICK, WIL  
STREET ADDRESS 3466 ZILLAH STREET  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME ALVAREZ, ANNA  
STREET ADDRESS 847 EAST PARK AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE  
NAME ANDERSON, SUSAN  
STREET ADDRESS RT. 1, BOX 81-A  
CITY-ST-ZIP LAMONT FL 32336

TITLE D ☐ DELETE  
NAME STANLEY, ROY B  
STREET ADDRESS RT. 1, BOX 81-A  
CITY-ST-ZIP LAMONT FL 32336

TITLE D ☐ DELETE  
NAME BECK-JONES, JUANDA  
STREET ADDRESS 5343 GALLANT FOX TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME DENARD, HARRY A  
STREET ADDRESS 1823 ATLANTIS PLACE  
CITY-ST-ZIP TALLAHASSEE FL 32303

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)