2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004038

1. Entity Name

COMMUNITY RACE RELATIONS FORUM, INC.

FILED

00 SEP 13 AM 8: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
847 EAST PARK AVENUE TALLAHASSEE FL 32303	847 EAST PARK AVENUE TALLAHASSEE FL 32303

2. Principal Place of Business	3. Mailing Address
3466 ZILLAH ST	3466 ZILLAH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL	4. FEI Number 59-3480159	Applied For / Not Applicable
Zip 32311	Country USA	Zip 32311	Country USA	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
ALVAREZ, ANNA 847 EAST PARK AVENUE TALLAHASSEE FL 32303	Name WIL MERRICK Street Address (P.O. Box Number is Not Acceptable) 3466 ZILLAH ST City TALLAHASSEE FL Zip Code 32311

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.

SIGNATURE _W. L. Merrick_   07 SEP 00

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25 After September 13, 2000 min. will be $236.25	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRICK, WIL 3466 ZILLAH STREET TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bert A. mitchell 2440 Ramblewood ct Tallahassee FL 32303	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ANNA 847 EAST PARK AVENUE TALLAHASSEE FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003397301---3 -09/19/00--01033--015 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, SUSAN RT. 1, BOX 81-A LAMONT FL 32336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, ROY B RT. 1, BOX 81-A LAMONT FL 32336	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK-JONES, JUANDA 5343 GALLANT FOX TRAIL TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENARD, HARRY A 1823 ATLANTIS PLACE TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T8	☐ Change ☐ Addition

CR2E037 (5/00)

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: _Wil L Merrick_   07 SEP 00   9216236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #