

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065707

FILED
May 26, 2005
Secretary of State

Entity Name: CIVIL RIGHTS DISPUTE RESOLUTION CENTER, INC.

Current Principal Place of Business:

3116 CAPITAL CIR NE STE 10
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

3116 CAPITAL CIR NE STE 10
TALLAHASSEE, FL 32317

New Mailing Address:

PO BOX 14797
TALLAHASSEE, FL 32317

FEI Number: 80-0098185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINNICK, JOHN
3116 CAPITAL CIR NE STE 10
TALLAHASSEE, FL 32317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINNICK, BRUCE A
Address: 3116 CAPITAL CIR NE STE 10
City-St-Zip: TALLAHASSEE, FL 32317

Title: V () Delete
Name: POITEVENT, BENJAMIN E
Address: 3491-11 THOMASVILLE RD #204
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MEEK, TERRY H
Address: 2465 ARBAH BR BL
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: TIPPETT, ROBERT G
Address: 10600 VALENTINE RD N
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: MINNICK, JOHN
Address: 3116 CAPITAL CIR NE STE 10
City-St-Zip: TALLAHASSEE, FL 32317

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
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN E. POITEVENT

VP

05/26/2005

Electronic Signature of Signing Officer or Director

Date