

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065707

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: CIVIL RIGHTS DISPUTE RESOLUTION CENTER, INC.

## Current Principal Place of Business:

3491-11 THOMASVILLE RD.  
204  
TALLAHASSEE, FL 32309

## Current Mailing Address:

PO BOX 14797  
TALLAHASSEE, FL 32317

## New Principal Place of Business:

1400 VILLAGE SQUARE BLVD  
3-229  
TALLAHASSEE, FL 32312

## New Mailing Address:

1400 VILLAGE SQUARE BLVD  
3-229  
TALLAHASSEE, FL 32312

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 ARVAH BRANCH 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: VP (X) Change ( ) Addition  
Name: POITEVENT, BENJAMIN E  
Address: 3491-11 THOMASVILLE RD #204  
City-St-Zip: TALLAHASSEE, FL 32309

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 exemption stated 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 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

03/16/2009

Electronic Signature of Signing Officer or Director

Date