

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002964

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC1393634517**

**Entity Name:** FLORIDA CIVIL RIGHTS ASSOCIATION, INC.

**Current Principal Place of Business:**

750 SOUTH ORANGE BLOSSOM TRAIL  
SUITE 264  
ORLANDO, FL 32805

**Current Mailing Address:**

PO BOX 593248  
ORLANDO, FL 32859

**FEI Number: 84-1675341**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVID, J WILLIE III  
750 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

*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

**Officer/Director Detail :**

Title DP  
Name DAVID, III, J WILLIE  
Address P O BOX 593248  
City-State-Zip: ORLANDO FL 32859

Title DS  
Name RANDOLPH, LA-ZONDRA  
Address P O BOX 593248  
City-State-Zip: ORLANDO FL 32859

Title D  
Name DOLCE, JULINA  
Address P O BOX 593248  
City-State-Zip: ORLANDO FL 32859

Title D  
Name STOWE, HENRY  
Address P.O. BOX 593248  
City-State-Zip: ORLANDO, FL 32859

Title D  
Name TOWNSEND, DAISY  
Address P.O. BOX 593248  
City-State-Zip: ORLANDO FL 32859

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID, III, J WILLIE**

**PRESIDENT**

**05/01/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date