I hereby certify that the information indicated on this report or supplemental report is true and	d accurate and that my electronic signature shall have th	he 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, Florid	la Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE DAVID J WILLE III	D	09/22/2023

SIGNATURE: DAVID, J. WILLIE, III

Electronic Signature of Signing Officer/Director Detail

#### 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

#### **Officer/Director Detail :**

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

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### Entity Name: FLORIDA CIVIL RIGHTS ASSOCIATION FOUNDATION, INC.

## **Current Principal Place of Business:**

750 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32805

DOCUMENT# N1400000081

### **Current Mailing Address:**

P.O. BOX 593248 ORLANDO, FL 32859 US

# FEI Number: 46-4425644

#### FILED Sep 22, 2023 Secretary of State 5554216839CC

Certificate of Status Desired: No

Date

Date