

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004957

Entity Name: COUNCIL FOR SECULAR HUMANISM, INC.**Current Principal Place of Business:**4011 S. MANHATTAN AVE.
APT # 139
TAMPA, FL 33611-1277**Current Mailing Address:**4011 S. MANHATTAN AVE.
APT # 139
TAMPA, FL 33611-1277 US**FEI Number:** 22-2306795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'KEEFE, FREDRICK
4011 S. MANHATTAN AVE.
APT #139
TAMPA, FL 33611-1277 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	T
Name	KARR, BARRY
Address	3965 RENSCH RD
City-State-Zip:	AMHERST NY 14228

Title	P
Name	LINDSAY, RONALD
Address	3965 RENSCH ROAD
City-State-Zip:	AMHERST NY 14228

Title	BDM
Name	FRAZIER, KENDRICK
Address	944 DEER DR NE
City-State-Zip:	ALBUQUERQUE NM 87122

Title	S
Name	FLYNN, THOMAS
Address	3965 RENSCH ROAD
City-State-Zip:	AMHERST NY 14228

Title	CHAIRMAN
Name	TABASH, EDWARD
Address	433 NORTH CAMDEN DRIVE SUITE 600
City-State-Zip:	BEVERLY HILLS CA 90210

Title	BDM
Name	CORNWELL, ELISABETH
Address	4131-C SOUTH FOUR MILE RUN DRIVE
City-State-Zip:	ARLINGTON VA 22204

Title	BDM
Name	TRAMIEL, LEONARD
Address	767 ADDISON AVENUE
City-State-Zip:	PALO ALTO CA 94301

Title	BDM
Name	WALKER, JUDITH
Address	1590 LITTLE RAVEN STREET #801
City-State-Zip:	DENVER CO 80202

Continues on page 2

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: THOMAS FLYNN**SECRETARY****04/15/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title BDM
Name KOSMIN, BARRY
Address TRINITY COLLEGE
 300 SUMMIT STREET
City-State-Zip: WARREN NJ 07059

Title BDM
Name SIERRA, HECTOR
Address 7047 WARDELL STREET
City-State-Zip: ANNANDALE VA 22003