


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009224
 1. Entity Name
 FLORIDA JUSTICE COALITION, INC.



Principal Place of Business 4830 W. KENNEDY BLVD. SUITE 550 TAMPA, FL 33609	Mailing Address 4830 W. KENNEDY BLVD. SUITE 550 TAMPA, FL 33609
---	---

DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

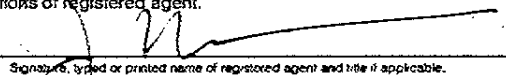
4. FEI Number 03-0496619	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOYER, JUDY S
 4830 W. KENNEDY BLVD.
 SUITE 550
 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-12-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOYER, WILLIAM 4830 W KENNEDY BLVD #550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST HOYER, JUDY S 4830 W KENNEDY BLVD #550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D NEWCOMER, JOHN R JR 4830 W KENNEDY BLVD #550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

00000122381
 04/21/04-80027-002 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-12-04**