

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005429

FILED
Jan 04, 2005
Secretary of State

Entity Name: CRIMINAL JUSTICE FORUM, INC.

Current Principal Place of Business:

14605 49 ST N #3
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

14605 49 ST N #3
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-0104762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPCZYNSKI, FRANK
14605 49 ST N #3
CLEARWATER, FL 33762 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KOPCZYNSKI, FRANK
Address: 14605-49TH ST N #3
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: DANIEL, GREG ESQ
Address: 13575-58TH ST N #118
City-St-Zip: CLEARWATER, FL 33762

Title: D () Delete
Name: BAPTIST, BRUCE
Address: 8318 S US HWY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: BROCKMAN, CAMILLE
Address: 1427 GEORGIA HWY 935
City-St-Zip: CAIRO, GA 31728

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FORTEL, CATHERINE
Address: 7037 CHETEK DRIVE # 304
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK KOPCZYNSKI

CHR

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date