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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005327

1. Corporation Name
FLORIDA JUVENILE JUSTICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
411 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 US	411 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/24/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3248498 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FONTAINE, MARK P
411 OFFICE PLAZA DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP Past President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANTLEY, EARNEST D		1.2 NAME		
STREET ADDRESS	3875 TIGER BAY RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		1.4 CITY-ST-ZIP		
TITLE	DPP Board Member	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OIK, THOMAS K		2.2 NAME		
STREET ADDRESS	3333 W. PENSACOLA STREET, STE. 300		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32304		2. 4 CITY-ST-ZIP	President Elect	
TITLE	RR	☒ DELETE	3.1 TITLE	Dr. Jerry Feulner	☒ Change ☐ Addition
NAME	JACKSON-GISSEN, VALERA		3.2 NAME	5029 North LANE	
STREET ADDRESS	3180 BISCAYNE BLVD.		3.3 STREET ADDRESS	ORLANDO, FL 32808	
CITY-ST-ZIP	MIAMI FL 33137		3.4. CITY-ST-ZIP		
TITLE	DT Treasurer	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MORROCCO, JOHN		4. 2 NAME		
STREET ADDRESS	4612 N 56TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		4.4 CITY-ST-ZIP		
TITLE	TS Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, NANCY		5.2 NAME		
STREET ADDRESS	10901-C ROOSEVELT BLVD, STE 1000		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33716		5.4 CITY-ST-ZIP		
TITLE	DPE President	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MULEY, MIKE		6.2 NAME		
STREET ADDRESS	907 N. GADSDEN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (904) 671-2442

CR2E037 (11/98)