2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N93000005327

Entity Name: FLORIDA JUVENILE JUSTICE ASSOCIATION, INC.

Current Principal Place of Business:

411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3248498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTAINE, MARK P
411 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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: PD ( ) Delete
Name: JARLOCK, TOM
Address: 1400 30TH STREET STE B
City-St-Zip: NICEVILLE, FL 32578

Title: PP ( ) Delete
Name: FEULNER, JERRY DR
Address: 205 SOUTH EOLA DRIVE
City-St-Zip: ORLANDO, FL 32801

Title: TD ( ) Delete
Name: OLK, TOM
Address: 3333 W. PENSACOLA, BLDG. 300
City-St-Zip: TALLAHASSEE, FL 32304

Title: PE ( ) Delete
Name: HAMILTON, NANCY
Address: 6655 66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: SD ( ) Delete
Name: COLE, MARY LOUISE
Address: 25005 S.W. 133 AVE
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JARLOCK, TOM
Address: 774 E. JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

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

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: TOM JARLOCK PD 01/05/2004

Electronic Signature of Signing Officer or Director — Date