

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002591 (4)**

1. Corporation Name

JUSTICE FOR CHILDREN, INC. - FLORIDA CHAPTER



Principal Place of Business

Mailing Address

P.O. BOX 713
LYNN HAVEN FL 32444

P.O. BOX 713
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified **05/31/1995** 3a. Date of Last Report

2. Principal Place of Business
21 **659 JENKS AVENUE**
Suite, Apt. #, etc.
22 **SUITE D**
City & State
23 **PANAMA CITY, FL**
Zip
24 **32402** Country
25 **USA**
2a. Mailing Address
26 **659 JENKS AVENUE**
Suite, Apt. #, etc.
27 **SUITE D**
City & State
28 **PANAMA CITY, FL**
Zip
29 **32402** Country
30 **USA**

4. FEI Number **59-3314-724** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVA, KARL J
604 SPARROW STREET
LYNN HAVEN FL 32444

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 *Karl J. Silva* **KARL J. SILVA, PRESIDENT** **3/20/96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CURTIS, LARRY
STREET ADDRESS	3745 HIGHWAY 77
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	D <input type="checkbox"/> DELETE
NAME	HARRIS, DONNA
STREET ADDRESS	445 TEAL LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	D <input type="checkbox"/> DELETE
NAME	LOVE, SUSAN
STREET ADDRESS	7627 N DEAR HAVEN RD.
CITY-ST-ZIP	PANAMA CITY FL 32409
TITLE	D <input type="checkbox"/> DELETE
NAME	SILVA, KARL
STREET ADDRESS	604 SPARROW STREET
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	D <input type="checkbox"/> DELETE
NAME	TAUNTON, DAVID
STREET ADDRESS	P.O. BOX 870
CITY-ST-ZIP	WEWAHITCHKA FL 32465
TITLE	D <input type="checkbox"/> DELETE
NAME	TINDER, JUDY
STREET ADDRESS	504 VIRGINIA AVE.
CITY-ST-ZIP	LYNN HAVEN FL 32444

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1500 HARVARD BLVD.
1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444
2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Karl J. Silva* **KARL J. SILVA, PRESIDENT** **3/20/96** **904/763-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)