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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003671 (3)

1. Corporation Name
THE JUSTICE COALITION, INC.



Principal Place of Business 1935-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210	Mailing Address 1935-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210-2741
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	30 Country

3. Date Incorporated or Qualified 08/02/1995	3a. Date of Last Report 01/31/1996
4. FEI Number 59-3329348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLBROOK, H L
1 INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HIRES, TED M	
STREET ADDRESS	7037 SENECA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, HENRY E	
STREET ADDRESS	13556 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGLEY, BARBARA G	
STREET ADDRESS	4097 SHADY CREEK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COREY-LEE, ANGELA	
STREET ADDRESS	5926 SAXONY WOODS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COXE, HENRY M III	
STREET ADDRESS	424 E. MONROE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HIRES, WANDA M	
STREET ADDRESS	7037 SENECA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TURNER, JUDY R.
2.3 STREET ADDRESS	9110 HECKSCHER DR.
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226
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	<input 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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HIRES, WANDA M.
6.3 STREET ADDRESS	7037 SENECA AVENUE
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32210

14. I do 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.

SIGNATURE: *[Signature]* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ted M. Hires, Sec. 1-30-97** Date: _____
 Daytime Phone: **(904) 783-6312** #0003354

CF2E037 (9/96)