

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003671 (3)

1. Corporation Name
THE JUSTICE COALITION, INC.



Principal Place of Business 1835-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210	Mailing Address 1835-2 SOUTH LANE AVENUE JACKSONVILLE FL 32210
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3. Date Incorporated or Qualified 06/02/1995	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3329348		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRES, TED M	1.2 NAME	
STREET ADDRESS	7037 SENECA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JUDY R.	2.2 NAME	Walter M. Foster, Jr.
STREET ADDRESS	9110 HECKSCHER DR.	2.3 STREET ADDRESS	2900 Hartley Road
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, BARBARA G	3.2 NAME	John Peyton
STREET ADDRESS	4097 SHADY CREEK LANE	3.3 STREET ADDRESS	9540 San Jose Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32223	3.4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Sec-Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY-LEE, ANGELA	4.2 NAME	Charles Wilson
STREET ADDRESS	5926 SAXONY WOODS LANE	4.3 STREET ADDRESS	4417 Beach Blvd. #200
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COXE, HENRY M III	5.2 NAME	Jim Bailey
STREET ADDRESS	424 E. MONROE	5.3 STREET ADDRESS	10 N. Newman St.
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRES, WANDA M.	6.2 NAME	Don Pitman
STREET ADDRESS	7037 SENECA AVENUE	6.3 STREET ADDRESS	5400 Longleaf St.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32209

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Date: **4/27/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0005249

CPRE037 (10/97)