

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90012 041 ****61.25

DOCUMENT # N95000003671

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/02/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3329348	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POE	1.1 TITLE	D VC
NAME	HIRES, TED M	1.2 NAME	Luther, Baxter
STREET ADDRESS	7037 SENECA AVENUE	1.3 STREET ADDRESS	8209 Ft. Caroline Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE	D	2.1 TITLE	D
NAME	FOSTER, JR W M	2.2 NAME	Kemp, Charles
STREET ADDRESS	2900 HARTLEY RD	2.3 STREET ADDRESS	2240 Dennis St.
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	VC	3.1 TITLE	D
NAME	PEYTON, J	3.2 NAME	Scheu, Bill
STREET ADDRESS	9540 SAN JOSE BLVD	3.3 STREET ADDRESS	1301 Riverplace Blvd. #1500
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	ST	4.1 TITLE	D
NAME	WILSON, C	4.2 NAME	Carlucci, Matt
STREET ADDRESS	4417 BEACH BLVD, 200	4.3 STREET ADDRESS	3621 Henricks Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	D	5.1 TITLE	
NAME	BAILEY, J	5.2 NAME	
STREET ADDRESS	10 N NEWMAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	PITMAN, D	6.2 NAME	
STREET ADDRESS	5400 LONGLEAF ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature of Ted M. Hires
Ted M. Hires SA 7/27/99 904-781-1067

CR2E037 (5/99)