


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90192 004 ****61.25

DOCUMENT # N95000003671
 1. Entity Name
THE JUSTICE COALITION, INC.



Principal Place of Business
**6302 SAN JUAN AVENUE
 JACKSONVILLE, FL 32210**

Mailing Address
**6302 SAN JUAN AVENUE
 JACKSONVILLE, FL 32210**

40024040



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02042005 Chg-NP CR2E037 (10/03)

8. Name and Address of Current Registered Agent
**HOLBROOK, H LEON
 1 INDEPENDENT DRIVE SUITE 2301
 JACKSONVILLE, FL 32202**

4. FEI Number
59-3329348

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

9. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *H Leon Holbrook* **2/10/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** *CK # 9996* Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRES, SR, TED M 1935-2 S LANE AVE, BONNYS BAR-D-QUE DEV JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, LIONEL S REV 111 UNION BLVD NORTH JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, SCOTT 4070 HERSCHEL STREET JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEE, DARRAL 1641 LANDAN AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHERFORD, JOHN SHERIFF 501 EAST BAY STREET JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEIMAN, TONEY 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHMENT FOR ADDITIONS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition


12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE: *H Leon Holbrook Pres* **2/16/05** **904-781-1067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40024040
N95000003671

**ATTACHMENT TO
2005 NOT-FOR PROFIT CORPORATION ANNUAL REPORT**

11. Names and Street Addresses of Each Officer and/or Director			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
D	Louis Webber, Jr.	Lou Webber Tires, Inc. 5580 Normandy Boulevard	Jacksonville, FL 32205
D	Rev. Garry Wiggins	Evangel Temple Assembly of God 5755 Ramona Boulevard	Jacksonville, FL 32210
D	V. Wayne Williford	J.B. Coxwell Contracting, Inc. 6741 West Lloyd Road	Jacksonville, FL 32254
D	Charles Wilson	Wilson & Johnson, P. A. 3030 Hartley Road, Suite 120	Jacksonville, FL 32257
D	Doyle Carter	Cycle Accessories West 6336 Blanding Boulevard	Jacksonville, FL 32244
D	Cindy Graves	7272 San Lucas Road	Jacksonville, FL 32217
D	Harry Hill	Air-Dynamics 7895 West Beaver Street	Jacksonville, FL 32220
D	H. Leon "Dick" Holbrook	Holbrook, Akel, et al. One Independent Dr., #2301	Jacksonville, FL 32202
D	Faye Rustin	Council Member-at-Large 117 West Duval St., # 425	Jacksonville, FL 32202
<p>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provide for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07 (3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>			
<p>* Signature:  2/16/05 904-781-1067</p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</p>			