


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 02, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90035 010 \*\*\*\*61.25

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



40122341

Principal Place of Business  
 1934 LANE AVENUE S. SUITE 1  
 JACKSONVILLE, FL 32210

Mailing Address  
 1934 LANE AVENUE S. SUITE 1  
 JACKSONVILLE, FL 32210

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country

05312007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3329348**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMALL BUSINESS ASSOCIATES INC.**  
**4070 HERSCHEL ST**  
**JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 Scott Adams DATE 4/30/2006  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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	D HIRES, SR, TED M 1935-2 S LANE AVE, 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 checked="" 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	REV WIGGINS, GARY 1935-2 S LANE AVE, 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 checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>See Attached</i>
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 exemptions contained in Chapter 119, 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; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Adams / Scott Adams DATE 6/27/07 904-387-1128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT 40122341

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ADDENDUM

DOCUMENT # N950003671

THE JUSTICE COALITION, INC.

### 11 (Addendum). Names and Street Addresses of Each Officer and/or Director

TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	CD WILLIFORD, V. Wayne 6741 West Lloyd Road Jacksonville, FL 32254	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D BOYD, Jack 12627 San Jose Blvd., Suite 205 Jacksonville, FL 32223	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D JOOST, STEPHEN 3410 Kori Road Jacksonville, FL 32257	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D McGOWAN, NANCY P. 3695 San Viscaya Drive Jacksonville, FL 32217	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D NORTON, VIRGINIA 117 W. Duval St. Suite 480 Jacksonville, FL 32202	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D RUTLEDGE, Michael A. 501 East Bay Street Jacksonville, FL 32202	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D TURKNETT, John C. 8690 Bishopswood Drive Jacksonville, FL 32244	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D WEBBER, Jr., Louis 5560 Normandy Boulevard Jacksonville, FL 32205	<b>Addition</b> ✓
TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP	D WILSON, Charles 3030 Hartley Road, Suite 120 Jacksonville, FL 32257	<b>Addition</b> ✓