FILED
Apr 29, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003671

1. Entity Name
THE JUSTICE COALITION, INC.

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

DO NOT WRITE IN THIS SPACE

04252008 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
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 May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIRES, SR, TED M
STREET ADDRESS	1935-2 S LANE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	CD
NAME	WILLIFORD, WAYNE V
STREET ADDRESS	6741 WEST LLOYD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	TD
NAME	ADAMS, SCOTT
STREET ADDRESS	4070 HERSCHEL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	REV
NAME	WIGGINS, GARY
STREET ADDRESS	1935-2 S LANE AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	RUTHERFORD, JOHN SHERIFF
STREET ADDRESS	501 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	BOYD, JACK
STREET ADDRESS	12627 SAN JOSE BLVD STE 205
CITY-ST-ZIP	JACKSONVILLE, FL 32223

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05/22/08-80035-012 61.25

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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: V Wayne Williford V. WAYNE Williford 4/28/08 904 783-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #