

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000559

Entity Name: FLORIDA JUVENILE JUSTICE FOUNDATION, INC.**Current Principal Place of Business:**2737 CENTERVIEW DR.
STE 3100
TALLAHASSEE, FL 32399-3100**Current Mailing Address:**2737 CENTERVIEW DR.
STE 3100
TALLAHASSEE, FL 32399-3100**FEI Number:** 59-3623272**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAY, CAROLINE KIRKLAND MS.
2737 CENTERVIEW DRIVE
STE 3100
TALLAHASSEE, FL 32399-3100 US*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.***SIGNATURE:** CAROLINE K. RAY

01/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MITCHELL, PAUL
Address	PO BOX 10570
City-State-Zip:	TALLAHASSEE FL 32302

Title	MR
Name	MUHAMMAD, TADAR
Address	1201 15TH STREET NW
City-State-Zip:	WASHINGTON DC 20005

Title	MS
Name	MAYS, DOREA
Address	8990 INTERNATTIONAL DRIVE STE 200
City-State-Zip:	ORLANDO FL 32819

Title	MR
Name	LANE, CINDY PASTOR
Address	17030 LAKESHORE ROAD
City-State-Zip:	LUTZ FL 33558

Title	MS
Name	WALTERS, WANSLEY
Address	403 E PARK AVE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MS.
Name	RAY, CAROLINE KIRKLAND
Address	2737 CENTERVIEW DR. STE 3100
City-State-Zip:	TALLAHASSEE FL 32399-3100

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE RAY**EXECUTIVE DIRECTOR**

01/18/2018

Electronic Signature of Signing Officer/Director Detail

Date