

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009822

**Entity Name:** THE VIRGIL HAWKINS JUSTICE FOUNDATION, INC.**Current Principal Place of Business:**

C/O DETRA SHAW-WILDER, ESQ  
2525 PONCE DE LEON BLVD, 9TH FLOOR  
MIAMI, FL 33134

**Current Mailing Address:**

C/O DETRA SHAW-WILDER, ESQ  
2525 PONCE DE LEON BLVD, 9TH FLOOR  
MIAMI, FL 33134

**FEI Number:** 26-3596960**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SHAW-WILDER, DETRA D  
2525 PONCE DE LEON BLVD  
9TH FLOOR  
MIAMI, FL 33134 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, P  
Name SHAW-WILDER, DETRA  
Address 2525 PONCE DE LEON BLVD, 9TH FLOOR  
City-State-Zip: MIAMI FL 33134

Title D  
Name MUNSON, RACHELLE  
Address PO BOX 4457  
City-State-Zip: APOPKA FL 32704-4457

Title D  
Name MCKINNEY, JUNE  
Address 1230 APALACHEE PARKWAY  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name KNOX, ANQUELIQUE  
Address PO BOX 111  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name BRYANT-WILLIS, ARNELL  
Address 9065 FOXWOOD DRIVE  
City-State-Zip: TALLAHASSEE FL 32308

*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:** P. SHAW-WILDER, DETRA

D

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date