

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009467

**Entity Name:** ITSJUSTCHARITY.ORG INC.

**Current Principal Place of Business:**

3825 S. FLORIDA AVE.  
SUITE 2  
LAKELAND, FL 33813

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC9237343960**

**Current Mailing Address:**

3825 S. FLORIDA AVE.  
SUITE 2  
LAKELAND, FL 33813

**FEI Number: 30-0701221**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAHONEY, SHANE M  
207 TRADERS ALLEY  
LAKELAND, FL 33801 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 P  
Name MAHONEY, SHANE M  
Address 3825 S. FLORIDA AVE.  
SUITE 2  
City-State-Zip: LAKELAND FL 33813

Title COO  
Name WESTERFELD, DONALD W  
Address 225 DORIS DR  
City-State-Zip: LAKELAND FL 33813

Title CFO  
Name MOSIER, JIM  
Address 3825 S. FLORIDA AVE.  
SUITE 2  
City-State-Zip: LAKELAND FL 33813

*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: SHANE MAHONEY**

**PRESIDENT**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date