

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004136

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**8745148763CC**

**Entity Name:** ORLANDO CENTER FOR JUSTICE, INC.

**Current Principal Place of Business:**

1300 N. SEMORAN BLVD.  
SUITE 120  
ORLANDO, FL 32807

**Current Mailing Address:**

1300 N. SEMORAN BLVD.  
SUITE 120  
ORLANDO, FL 32807 US

**FEI Number:** 81-2421015

**Certificate of Status Desired:** No

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

LOPEZ MARANTES, MELISSA  
1300 N. SEMORAN BLVD.  
SUITE 120  
ORLANDO, FL 32807 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 DIRECTOR  
Name GOMEZ, JUAN CARLOS ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name RINEER, COURTNEY ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name RIVERA, TAMAIRA ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR, BOARD CHAIR  
Name COLLAZO ALICEA, BEATRIZ ENID ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name BAGG, WALTER STRATTON ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name PONS MEYERS, IRENE BEATRIZ ESQ.  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

Title DIRECTOR  
Name DOROSIN, MARK  
Address 1300 N. SEMORAN BLVD.  
SUITE 120  
City-State-Zip: ORLANDO FL 32807

*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:** BEATRIZ COLLAZO ALICEA

**BOARD CHAIR**

**03/28/2024**

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

\_\_\_\_\_  
Date