

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49396

**Entity Name:** FLORIDA JUSTICE ASSOCIATION RESEARCH AND EDUCATION FOUNDATION, INC.**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC0051786657****Current Principal Place of Business:**218 S MONROE ST  
TALLAHASSEE, FL 32301**Current Mailing Address:**218 S MONROE ST  
TALLAHASSEE, FL 32301**FEI Number: 59-3144722****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HENLEY, DEBRA  
218 S MONROE ST  
TALLAHASSEE, FL 32301 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	PS	Title	DIRECTOR
Name	HENLEY, DEBRA	Name	COPELAND, TODD
Address	218 S MONROE ST	Address	338 NORTH MAGNOLIA AVENUE SUITE B
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32801
Title	CHAIRMAN	Title	VC
Name	GUSTAFSON, JAMES W. JR.	Name	SWOPE, DALE
Address	517 N. CALHOUN STREET	Address	1234 E. 5 AVENUE
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TAMPA FL 33605
Title	TREASURER		
Name	LYTAL, LAKE III		
Address	515 NORTH FLAGLER DRIVE NORTHBRIDGE CENTRE, 10TH FLOOR		
City-State-Zip:	WEST PALM BEACH FL 33401		

*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: DEBRA HENLEY****PS****04/26/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date