2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State
02-04-2004 90041 029 ****61.25

DOCUMENT # 770588

1. Entity Name
JUSTICE FOR CHILDREN, INC.

54003272

Principal Place of Business	Mailing Address
101 E STUART AVENUE LAKE WALES, FL 33853	101 E STUART AVENUE LAKE WALES, FL 33853

01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2466075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAZZINI, JOHN P.
245 CATHERINE AVE
BABSON PARK, FL

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VCD
NAME	FAZZINI, JOHN
STREET ADDRESS	245 CATHERINE AVE
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	TD
NAME	MARTIN, CHERYL M
STREET ADDRESS	1104 S HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	SALUD, VIOLETTA
STREET ADDRESS	1246 S HIGHLAND PARK DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #