


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 770588</b> 1. Entity Name JUSTICE FOR CHILDREN, INC.	
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Principal Place of Business 101 E STUART AVENUE LAKE WALES, FL 33853	Mailing Address 101 E STUART AVENUE LAKE WALES, FL 33853
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02202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2466075	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  FAZZINI, JOHN P. 245 CATHERINE AVE BABSON PARK, FL
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

U00000521311  
05/02/06-80129-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ Date 4/14/06 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR