

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000006106

1. Entity Name
THE AMERICAN CENTER FOR LAW AND JUSTICE, INC.



Principal Place of Business
**1000 REGENT UNIVERSITY DRIVE
VIRGINIA BEACH, VA 23467**

Mailing Address
**PO BOX 64429
VIRGINIA BEACH, VA 23467**



03152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1586817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

UD0090147384

05/03/04-80105-001 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ROBERTSON, M.G.
PO BOX 64303
VIRGINIA BEACH, VA 23467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
THORTON, JOEL
PO BOX 64303
VIRGINIA BEACH, VA 23467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SEKULOW, JAY A
PO BOX 450349
ATLANTA, GA 311450349**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MURPHY, JAMES E
PO BOX 64429
VIRGINIA BEACH, VA 23467**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFOT
SEKULOW, GARY
4500 HUGH HOWELL ROAD, STE 410
TUCKER, GA 30084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
MONAGHAN, THOMAS P
PO BOX 64429
VIRGINIA BEACH, VA 23467**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Murphy

4/8/04 (757) 226-4534

Date

Daytime Phone #