

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F06000003449

1. Entity Name  
CRIMINAL JUSTICE INSTITUTE, INC.



Principal Place of Business  
213 COURT STREET SUITE 606  
MIDDLETOWN, CT 06457

Mailing Address  
213 COURT STREET SUITE 606  
MIDDLETOWN, CT 06457



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-2926247

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MICKEY, WENDY  
C/O HDR ARCHITECTURE, INC.  
2202 NORTH WESTSHORE BLVD SUITE 250  
TAMPA, FL 33607

**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, 2007**

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  
C  
GRIFFIN, GARY  
103 OAKDALE AVE  
GREER, SC 29651

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
CAMP, GEORGE M  
1200 WASHINGTON ST  
MIDDLETOWN, CT 06457

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
CAMP, CAMILLE G  
1200 WASHINGTON ST  
MIDDLETOWN, CT 06457

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000630410  
02/20/07-80006-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07

860-704-6400