

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90022 016 ****70.00

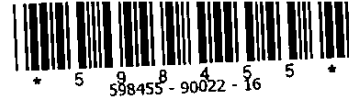
DOCUMENT # F98000002445

1. Corporation Name

THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE, INC.

Principal Place of Business
475 PARK AVENUE SOUTH
19TH FLOOR
NEW YORK NY 10016-6901

Mailing Address
475 PARK AVENUE SOUTH
19TH FLOOR
NEW YORK NY 10016-6901



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/30/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
13-1809982

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒ X ☒ X

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CLOUD, SANFORD JR.
STREET ADDRESS
71 FIFTH AVE., STE. 1100
CITY-ST-ZIP
NEW YORK NY 10003

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ABERASTURI, GLORIA
STREET ADDRESS
71 FIFTH AVE., STE. 1100
CITY-ST-ZIP
NEW YORK NY 10003

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
BECKERMAN, DAVID
STREET ADDRESS
100 THROCKMORTON ST., STE. 918
CITY-ST-ZIP
FT. WORTH TX 76102

3.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME
ALTIG, PAUL
STREET ADDRESS
3215 ROUNDWOOD RD.
CITY-ST-ZIP
HUNTING VALLEY OH 44022

4.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME
SPRING, CAROL V
STREET ADDRESS
7880 W. OAKLAND PARK BLVD.
CITY-ST-ZIP
FT. LAUDERDALE FL 33351

5.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME
KAPLAN, H. ROY
STREET ADDRESS
3825 HENDERSON BLVD.
CITY-ST-ZIP
TAMPA FL 33629

6.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Secretary
Joyce E. Tucker
211 North Union Street, Suite 100
Alexandria, VA 22314
Treasurer
John H. Conley
444 Regency Prkwy #100
Omaha, NE 68114-3779
Chairman
David Duffy
222 Richmond Street
Providence, RI 02903
Vice Chair
Judith Thompson
920 Shady Branch Trail
Deland, FL 32724

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

CR2E037 (5/99)