FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78690 (9)

1. Corporation Name

COURT PROGRAMS OF NORTHERN FLORIDA, INC.

Principal Place of Business	Mailing Address
808 CAROLINE ST SE #6 MILTON FL 32570	808 CAROLINE ST SE #6 MILTON FL 32570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6860 S. Carolina St	26 6860 S. Caroline St.
22 Suite, Apt. #, etc. # G	27 Suite, Apt. #, etc. # G
23 City & State Milton, FL	28 City & State Milton, FL
24 Zip 32570 25 Country USA	29 Zip 32570 30 Country USA

3. Date Incorporated or Qualified: 06/08/1990
3a. Date of Last Report: 02/14/1994

4. FEI Number: 65-0202015 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROTHBART, GLEN 6276 GLENDALE MILTON FL 32570	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	~~VICE-PRESIDENT~~ SEC/TREAS. ☐ Change ☒ Addition
NAME	ROTHBART, GLEN	12 NAME	DAVID ROTHBART
STREET ADDRESS	6276 GLENDALE DR	13 STREET ADDRESS	203 SPRINGDALE CIRCLE
CITY-ST-ZIP	MILTON FL 32570	14 CITY-ST-ZIP	PALM SPRINGS, FL. 33461
TITLE		21 TITLE	~~GINA ROTHBART~~ ☐ Change ☒ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	VICE-PRESIDENT ☐ Change ☒ Addition
NAME		32 NAME	GINA ROTHBART
STREET ADDRESS		33 STREET ADDRESS	6276 GLEN DALE DRIVE
CITY-ST-ZIP		34 CITY-ST-ZIP	MILTON, FL. 32570
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glen Rothbart 1/11/95 904 624-4464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number
GLEN ROTHBART

0201P04 CP