FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

incipal Place of Business

) S. CAROLINE ST



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90092 021 ***150.00

DOCUMENT # L78690

COURT PROGRAMS OF NORTHERN FLORIDA, INC.

) S. CAHULINE ST		6860 S. CAROLINE ST.				230 2101 4181 4181 4181	
TON FL 32570		#6					
		MILTON FL 32570 US				DO NOT WRITE IN THIS SPACE	
		03				3. Date Incorporated or Qualifed	
Principa	al Place of Business	2a Mailine Add				06/08/1990	
		2a. Mailing Address				4. FEI Number	
Suite, A	Apt. #, etc.	Suite, Apt. #, etc.				65-0202015 Applied F	
						5 Continue (0.75	
ity & S	State	City & State				5. Certifcate of Status Desired See Required	
_		28				S Classics O	
.ip	Country	Zip				Trust Fund Contribution S.00 May B. Added to Fees	
	25	29		untry	7	This corporation owes the current year Intangible	
	9. Name and Address of Currer	T Registered Agent	30	——		Personal Property Tax.	
		r registered Agent		00/		10. Name and Address of New Registered Agent	
RC	OTHBART, GLEN			81 N	Name		
6860 CAROLINE ST				82 S	Street Address	e (P.O. Bow Mussle	
STE 6		<u></u>			s (P.O. Box Number is Not Acceptable)		
MIL	TON FL 32570			83			
	· · •		1	04			
Lireupa	at to the provide			1	ity	85 Zip Code	
office or	registered agent, or both in the State	2 and 607.1508, Florida Statut	es, the at	Dove-na	med cornorat	FL 85 Zip Code tion submits this statement for the purpose of changing its registere board of directors. I hereby accept the appointment as registered	
igent. I	am familiar with, and accept the obligat	ions of, Section 607 0505, Fig.	uthorized	by the	corporation's	board of directors. I hereby accept the appointment of the purpose of changing its registered	
ATURE			riua Statu	iles.		association appointment as registered	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	Agent sign	ature required whe		
	OFFICERS AND	DIRECTORS	13.	gont sign	attire reduited whe		
	PD	☐ DELETE	1,1 T/TL	 .E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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4DDRESS			2.2 NAM			- -	
ZIP	PALM SPRINGS FL 32570		1	ET ADDRI	ESS		
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J	ROTHBART, GINA	C DECEIE	3.1 TITLE			☐ Change ☐ Addit	
DORESS	6860 CAROLINE ST STE 6		3.2 NAME	•		El Avango Nagar	
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ORESS			6.3 STREET		i	119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under coth that the	