

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000559

FILED
Feb 06, 2008
Secretary of State

Entity Name: FLORIDA JUVENILE JUSTICE FOUNDATION, INC.

Current Principal Place of Business:

2737 CENTERVIEW DR.
STE 302-G
TALLAHASSEE, FL 323993100

New Principal Place of Business:

Current Mailing Address:

6753 THOMASVILLE RD
#108-213
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3623272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELROSE, LYTHA P
6753 THOMASVILLE RD
#108-213
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: BELROSE, LYTHA P
Address: 6753 THOMASVILLE RD, 108-213
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD () Delete
Name: WALKER, KEVIN
Address: 8994 SEMINOLE BLVD. #5
City-St-Zip: SEMINOLE, FL 33712

Title: VP () Delete
Name: TURNBULL, MARJORIE
Address: 3221 E. LAKESHORE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP () Delete
Name: BROWNING, DON
Address: 13101 SE 158TH LANE
City-St-Zip: WEIRSDALE, FL 32195

Title: VP (X) Delete
Name: GRADEN, JIM
Address: 8994 SEMINOLE BLVD. #5
City-St-Zip: SEMINOLE, FL 33722

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: TURNBULL, MARJORIE
Address: 3221 E. LAKESHORE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP (X) Change () Addition
Name: LEXIMA, JEAN-JOSEPH
Address: 15043 OAK CHASE COURT
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change () Addition
Name: GRADEN, JIM
Address: 8994 SEMINOLE BOULEVARD
City-St-Zip: SEMINOLE, FL 33772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYTHA BELROSE

MD

02/06/2008

Electronic Signature of Signing Officer or Director

Date