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Jan 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N00929 (2)

1. Corporation Name

INNERCORRECTIONS, INC.

Principal Place of Business

Mailing Address

P O BOX 10242
TALLAHASSEE FL 32302
US

P O BOX 10242
TALLAHASSEE FL 32302-2242
US



3. Date Incorporated or Qualified 01/16/1984 3a. Date of Last Report 04/18/1996

4. FEI Number 59-2371718 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMONICA, DON
900 HILLCREST CT
TALLAHASSEE FL 32308

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 PD
NAME LAMONICA, DON
STREET ADDRESS 900 HILLCREST COURT
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ DELETE

1.1 TITLE VD
1.2 NAME LAURA MCGOOD LAMONICA
1.3 STREET ADDRESS 900 HILLCREST COURT
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Change ☒ Addition

TITLE VD
NAME FREEDMAN, STEVE
STREET ADDRESS 5700 S.W. 34TH STREET, SUITE 323
CITY-ST-ZIP GAINESVILLE FL 32608 ☒ DELETE

2.1 TITLE STD
2.2 NAME JOHN KUCZWANSKI
2.3 STREET ADDRESS 200 B SOUTH MONROE ST
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Change ☒ Addition

TITLE STD
NAME CARPENTER, CARL
STREET ADDRESS 3444 JONATHAN'S LANDING
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SCHIEBLER, GEROLD L.
STREET ADDRESS 2115 N.W. 15TH AVENUE
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FARMER, ANN E.
STREET ADDRESS 6331 SW 21ST TERR
CITY-ST-ZIP GAINESVILLE FL ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

(904) 224-8282

CR2E037 (9/96)