

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

99 MAY -6 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007631

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N00929
1. Corporation Name
INNERCORRECTIONS, INC.

Principal Place of Business: P O BOX 10242, TALLAHASSEE FL 32302, US
Mailing Address: P O BOX 10242, TALLAHASSEE FL 32302, US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number	Applied For
22	City & State	27	City & State		59-2371718	Not Applicable
23	Zip	28	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country			
		30		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMONICA, LAURA M			1.2 NAME			
STREET ADDRESS	900 HILLCREST CT.			1.3 STREET ADDRESS	500002888315--4		
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP	-05/07/99--01143--003		
TITLE	PO	<input type="checkbox"/> DELETE		2.1 TITLE	*****61.25	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMONICA, DON F			2.2 NAME			
STREET ADDRESS	200-B SOUTH MONROE ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRAMMELL, ROBERT			3.2 NAME			
STREET ADDRESS	200 B SOUTH MONROE STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			3.4 CITY-ST-ZIP			
TITLE	UD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Patrick E. Bell			4.2 NAME			
STREET ADDRESS	200 B South Monroe St.			4.3 STREET ADDRESS			
CITY-ST-ZIP	Tallahassee FL 32301			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 for 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]* 5-1-99 2248282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)

AB516