
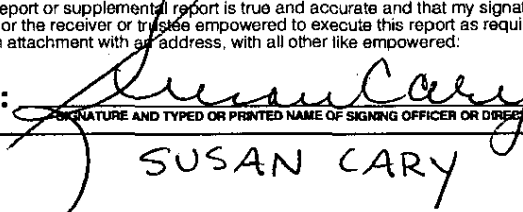


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91242 016 \*\*\*\*61.25

<b>DOCUMENT # N01000002612</b> 1. Entity Name <b>CAPITAL JUSTICE AND RESTORATION INITIATIVE, INC.</b>					
Principal Place of Business 1215 NW 4TH ST GAINSEVILLE, FL 32601			Mailing Address 1215 NW 4TH ST GAINSEVILLE, FL 32601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3715883</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARY, SUSAN</b> <b>1215 NW 4TH ST</b> <b>GAINSEVILLE, FL 32601</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYDA, RAYMOND C		NAME	(new address)	
STREET ADDRESS	1001 NE 16TH AVE		STREET ADDRESS	157 W. McKinley Street	
CITY-ST-ZIP	GAINSEVILLE, FL 32601		CITY-ST-ZIP	Elmhurst IL 60126	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARY, SUSAN		NAME		
STREET ADDRESS	1215 NW 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINSEVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPARKER, JACK A		NAME		
STREET ADDRESS	7301 GERMAN TOWN AVE.		STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA, PA 19119		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, MERRY L		NAME	(corrected address)	
STREET ADDRESS	2630-B NW 34TH ST		STREET ADDRESS	2630 B N. W. 41st Street	
CITY-ST-ZIP	GAINSEVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKSON, GLENN		NAME		
STREET ADDRESS	1521 NW 34TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINSEVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIMER, LAWRENCE		NAME		
STREET ADDRESS	1624 NW 5TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINSEVILLE, FL 32603		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4-30-04 352.373.7899		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>SUSAN CARY</b>			Date Daytime Phone #		