


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                                                                  |                                                                   |                                                                                                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N01000002612</b><br>1. Entity Name<br><b>CAPITAL JUSTICE AND RESTORATION INITIATIVE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                  |                                                                   |                                 |  |
| Principal Place of Business<br><b>1215 NW 4TH ST<br/>GAINSEVILLE FL 32601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  |                                                                                  | Mailing Address<br><b>1215 NW 4TH ST<br/>GAINSEVILLE FL 32601</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                  | 3. Mailing Address<br>Suite, Apt #, etc.                          |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                  | City & State                                                      |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | Country                                                                          |                                                                   | 4. FEI Number<br><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<br><br><b>CARY, SUSAN<br/>1215 NW 4TH ST<br/>GAINSEVILLE FL 32601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  |                                                                                  |                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                  |                                                                   |                                                                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be Added to Fees</b>                                                                                |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  |                                                                                  |                                                                   |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>      |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>LYDA, RAYMOND C<br/>157 W MCKINLEY STREET<br/>ELMHURST IL 60126</b>      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000326440<br/>04/23/05-80057-008 61.25</b>  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>CARY, SUSAN<br/>1215 NW 4TH ST<br/>GAINSEVILLE FL 32601</b>              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>SAARELA, JACK A<br/>7301 GERMAN TOWN AVE.<br/>PHILADELPHIA PA 19119</b>  |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>WILSON, MERRY L<br/>2630 B N.W. 41ST STREET<br/>GAINSEVILLE FL 32601</b> |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>DICKSON, GLENN<br/>1521 NW 34TH ST<br/>GAINSEVILLE FL 32601</b>          |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>REIMER, LAWRENCE<br/>1624 NW 5TH AVE<br/>GAINSEVILLE FL 32603</b>        |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered. |                                                                                                                  |                                                                                  |                                                                   |                                                                                                                   |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  |                                                                                  | 4.21.05 352 373 784                                               |                                                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                                                                  | Date Daytime Phone #                                              |                                                                                                                   |  |