

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002612

1. Entity Name  
CAPITAL JUSTICE AND RESTORATION INITIATIVE, INC.



Principal Place of Business  
1215 NW 4TH ST  
GAINSEVILLE, FL 32601

Mailing Address  
1215 NW 4TH ST  
GAINSEVILLE, FL 32601

**FILED**  
**Jul 31, 2008 08:00 AM**  
**Secretary of State**



07302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3715883

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARY, SUSAN  
1215 NW 4TH ST  
GAINSEVILLE, FL 32601

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LYDA, RAYMOND C
STREET ADDRESS	157 W MCKINLEY STREET
CITY-ST-ZIP	ELMHURST, IL 60126
TITLE	D
NAME	CARY, SUSAN
STREET ADDRESS	1215 NW 4TH ST
CITY-ST-ZIP	GAINSEVILLE, FL 32601
TITLE	D
NAME	SAARELA, JACK A
STREET ADDRESS	7301 GERMAN TOWN AVE.
CITY-ST-ZIP	PHILADELPHIA, PA 19119
TITLE	D
NAME	WILSON, MERRY L
STREET ADDRESS	2630 B N.W. 41ST STREET
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	DICKSON, GLENN
STREET ADDRESS	1521 NW 34TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	D
NAME	REIMER, LAWRENCE
STREET ADDRESS	1624 NW 5TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32603

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07/31/08-80002-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Susan Cary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7. 30.08 352-373-7899  
Date Daytime Phone #