

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90025 027 ****70.00

DOCUMENT # N01000003277

1. Entity Name
SOUTH FLORIDA JOBS WITH JUSTICE, INCORPORATED



Principal Place of Business
**1525 NW 167TH STREET
300
MIAMI, FL 33169**

Mailing Address
**1525 NW 167TH STREET
300
MIAMI, FL 33169**

50056274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-111662

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, ALYCE G~~ **GOWDY WRIGHT, ALYCE**
**1525 NW 167TH STREET
300
MIAMI, FL 33169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **CC**
STREET ADDRESS **RUSSO, MONICA**
CITY-ST-ZIP **1525 NW 167TH ST, SUITE 300
MIAMI, FL 33169**

TITLE ☒ Change ☐ Addition
NAME **CHAIR**
STREET ADDRESS **ANGEL DOMINGUEZ**
CITY-ST-ZIP **12811 SW 148TH TERRACE ROAD
MIAMI, FL 33186**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **CAMPBELL, EDMUND**
CITY-ST-ZIP **7910 25TH STREET, SUITE 200
MIAMI, FL 33122**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **INGRID FRANCIS**
CITY-ST-ZIP **5729 FLAGLER STREET
HOLLYWOOD, FL 33023**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WRIGHT, ALYCE G**
CITY-ST-ZIP **1525 NW 167TH ST, STE 300
MIAMI, FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **RSD**
STREET ADDRESS **NISSEN, BRUCE**
CITY-ST-ZIP **UNIVERSITY PARK, LC 304
MIAMI, FL 33199**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CANTAUE, WINIE**
CITY-ST-ZIP **1525 NW 167TH ST, STE 300
MIAMI, FL 33169**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **MARCIA GONZALEZ**
CITY-ST-ZIP **295 W 7TH PLACE
HIALEAH, FL 33014-4324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: **ALYCE GOWDY WRIGHT** **7/15/05** **305.623.4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #