



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 021 ****61.25

DOCUMENT # N01000003405 1. Entity Name CRIMINAL JUSTICE, LAW AND CAREER ACADEMY, INC.					
Principal Place of Business KATHLEEN HIGH SCHOOL 2600 CRUTCHFIELD ROAD LAKELAND, FL 33805			Mailing Address KATHLEEN HIGH SCHOOL 2600 CRUTCHFIELD ROAD LAKELAND, FL 33805		
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 31-1797468	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMASON, JOHN LT. 219 N. MASSACHUSETTS AVENUE LAKELAND, FL 33801				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T/D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMASON, JOHN LT.		NAME	S/D CHRISTY WOOD	
STREET ADDRESS	219 N. MASSACHUSETTS AVENUE		STREET ADDRESS	455 N. BROADWAY	
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	V/D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDNER, KEVIN CAPT.		NAME	D MARC SAULS	
STREET ADDRESS	455 N. BROADWAY		STREET ADDRESS	2600 CRUTCHFIELD RD.	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	S/D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARIANI, BARBARA		NAME	DECK DOBSON	
STREET ADDRESS	455 NORTH BROADWAY		STREET ADDRESS	455 N. BROADWAY	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, SAMUEL MR.		NAME		
STREET ADDRESS	2600 CRUTCHFIELD ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33805		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAUCH, ERIC LT.		NAME		
STREET ADDRESS	455 NORTH BROADWAY		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALEMME, TONY MR.		NAME		
STREET ADDRESS	P. O. BOX 7455		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33807		CITY-ST-ZIP		
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: 			8/3/06 863-834- Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					