
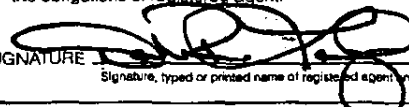



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 24, 2003 8:00 am
Secretary of State

05-01-2003 90966 041 ****61.25

DOCUMENT # N02000002755			
1. Entity Name LEON COUNTY COMMUNITY JUSTICE CENTER, INC.			
Principal Place of Business 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305		Mailing Address 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305	
2. Principal Place of Business		3. Mailing Address 1940 Nanticoke Cir	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee, FL		4. FEI Number 51-0419873	
Zip 32303		Country Leon	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORWOOD, EDWIN F JR 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305		7. Name and Address of New Registered Agent Name Dale R. Landry Street Address (P.O. Box Number is Not Acceptable) 1940 Nanticoke Circle City Tallahassee FL Zip Code 32303	
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  Dale R. Landry DATE April 28, 2003 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NORWOOD, EDWIN F JR 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LANDRY, Dale R. 1940 Nanticoke Circle Tallahassee, FL 32303 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, EDWIN F JR 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUBBARD, SYLVIA 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBO, ROSETTA 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, CHERYL 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, WILBERT 714 BROOKRIDGE DRIVE TALLAHASSEE FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Dale R. Landry		DATE: Apr 28, 2003 (950) 459-3444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

55049731



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)