
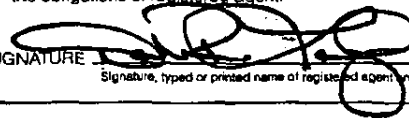



2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

5/

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 Suite, Apt. #, etc.			3. Mailing Address 1940 Nanticoke Ck 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			Applied For Not Applicable		
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 Creek 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	
FILE NOW: FEE IS \$61.25		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	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, EDWIN F JR		NAME	Landry, Dale R.	
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS	1940 Nanticoke Creek	
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, EDWIN F JR		NAME		
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, SYLVIA		NAME		
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBO, ROSETTA		NAME		
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, CHERYL		NAME		
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32305		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, WILBERT		NAME		
STREET ADDRESS	714 BROOKRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32305		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:  Dale R. Landry Apr 28, 2003 (950) 459-3444					

CR2E037 (10/02)