

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004436

FILED  
May 09, 2009  
Secretary of State

**Entity Name:** FORT MYERS COALITION FOR JUSTICE, INC.

**Current Principal Place of Business:**

2275 HIGHLAND AVE  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2275 HIGHLAND AVE  
FT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 30-0101996      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MUWAKKIL, JAMES  
2275 HIGHLAND AVE  
FT MYERS, FL 33916      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MUWAKKIL, JAMES  
Address: 2275 HIGHLAND AVE  
City-St-Zip: FT MYERS, FL 33916

Title: D      ( ) Delete  
Name: D'ALESSANDRO, JOSEPH P  
Address: 1533 HENDRY STREET, STE 100  
City-St-Zip: FT MYERS, FL 33901

Title: D      (X) Delete  
Name: GOLDBERGH, MORTON  
Address: 1533 HENDRY STREET, STE 100  
City-St-Zip: FT MYERS, FL 33901

Title: S      (X) Delete  
Name: EHAT, DONALD M  
Address: 11550 WOODMOUNT LN  
City-St-Zip: ESTERO, FL 33928

Title: T      (X) Delete  
Name: RIORDAN, MARY N  
Address: 10025 BARDMOOR CT  
City-St-Zip: N FORT MYERS, FL 33903

Title: D      (X) Delete  
Name: PETERSON, ELLEN  
Address: PO BOX 345  
City-St-Zip: ESTERO, FL 33928

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: MATHIS, SHIRLEY A  
Address: 2275 HIGHLAND AVE  
City-St-Zip: FORT MYERS, FL 33916

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MUWAKKIL

D

05/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date