

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000008390

1. Entity Name  
 COMMUNITY-JAIL LINKAGE COALITION, INC.



Principal Place of Business  
 3050 BISCAYNE BLVD.  
 SUITE 307  
 MIAMI, FL 33137 US

Mailing Address  
 3050 BISCAYNE BLVD.  
 SUITE 307  
 MIAMI, FL 33137 US



01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 54-2090479

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

STERN, ELLIOT J MR.  
 808 VALENCIA AV  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DELGADO, JOHN
STREET ADDRESS	4401 NW 179 STREET
CITY-ST-ZIP	OPA LOCKA, FL 33055

TITLE	VP
NAME	GRAY, LORRAINE
STREET ADDRESS	5361 NW 33 AVE 2ND FLOOR
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	T
NAME	STERN, ELLIOT
STREET ADDRESS	808 VALENCIA AVE
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000003407  
 01/13/04-80055-007 150.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-2004

Date

305 573-8311

Daytime Phone #