

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 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



01052005 No Chg-NP CR2E037 (10/03)

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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

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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 reinstalling)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
01/13/05-80036-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
DELGADO, JOHN
4401 NW 179 STREET
OPA LOCKA, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GRAY, LORRAINE
5361 NW 33 AVE 2ND FLOOR
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
STERN, ELLIOT
808 VALENCIA AVE
MIAMI, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

ELLIOT J. STERN TREASURER

01/10/05 305 573-4002

Date

Daytime Phone #