2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000009224

1. Entity Name

FLORIDA JUSTICE COALITION, INC.



FILED Apr 21, 2004 08:00 AM Secretary of State

Principal Place of Business

4830 W. KENNEDY BLVD.

SUITE 550

TAMPA, FL 33609

Mailing Address

4830 W. KENNEDY BLVD.

SUITE 550

TAMPA, FL 33609



04062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 03-0496619 Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HOYER, JUDY S 4830 W. KENNEDY BLVD. SUITE 550 TAMPA, FL 33609

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the property of registered agent.	ourpose of changing its registered	i office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and ac		
SIGNATURE.			·,		4-12-04		
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	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOYER, WILLIAM 4830 W KENNEDY BLVD #550 TAMPA, FL 33609		U00000122381 04/21/04-80027-002 61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOYER, JUDY S 4830 W KENNEDY BLVD #550 TAMPA, FL 33609			U4/21/U4-8U027-002 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWCOMER, JOHN R JR 4830 W KENNEDY BLVD #550 TAMPA, FL 33609		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY- ST-ZIP			ŕ	IN THIS SPACE			
TITLE NAME STREET ADORESS CRY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 directly 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 changed, or on an effectment with an address, with all other like empowered.

SIGNATURE

DATE:

4-12-04