2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N03000006783

Entity Name: FLORIDA JUSTICE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

2898 MAHAN OAKS, SUITE 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2898 MAHAN OAKS, SUITE 4
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 33-1066892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANKENSHIP, JULIA L
1825 EASTON FOREST DR
TALLAHASSEE, FL 32317PD US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: WINOKUR, KRISTIN DR
Address: 6552 SPICEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VTD ( ) Delete
Name: BLANKENSHIP, JULIA
Address: 1825 EASTON FOREST DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete
Name: THORNTON, JOEL
Address: 1825 EASTON FOREST DR
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WINOKUR, KRISTIN P DR
Address: 6552 SPICEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: SD (X) Change ( ) Addition
Name: DRITSOS, VICKI
Address: 403 10TH STREET NW
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. KRISTIN P. WINOKUR PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date