

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006783

FILED
Feb 19, 2007
Secretary of State

Entity Name: FLORIDA JUSTICE RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

2898 MAHAN DRIVE, SUITE 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

2898 MAHAN DRIVE
SUITE 4
TALLAHASSEE, FL 32308

Current Mailing Address:

2898 MAHAN DRIVE, SUITE 4
TALLAHASSEE, FL 32308

New Mailing Address:

2898 MAHAN DRIVE
SUITE 4
TALLAHASSEE, FL 32308

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 P DR
Address: 6552 SPICEWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

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

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

Title: TD () Delete
Name: HAYES, MARTIN
Address: 5430 LAWTON COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: QUILLEN, AIMEE
Address: PO BOX 1054
City-St-Zip: WHITTIER, NC 28759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIA L. BLANKENSHIP

VD

02/19/2007

Electronic Signature of Signing Officer or Director

Date