## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007949

FILED Feb 08, 2007 Secretary of State

Entity Name: INNOCENCE PROJECT OF FLORIDA, INC.

	Principal Place of Business:	New Principal Place of Business:
	ST PARK AVENUE SSSEE, FL 32301	
urrent N	Mailing Address:	New Mailing Address:
	ST PARK AVENUE SSEE, FL 32301	
El Numbe	r: 20-0210812 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame an	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:
100 EAS	ERG, JENNIFER ST PARK AVENUE SSEE, FL 32301 US	
	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both
IGNATU	IRE:	
	Electronic Signature of Registered	d Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
tle: ame: ddress: ity-St-Zip:	PD ( ) Delete GREENBERG, JENNIFER L 1100 EAST PARK AVENUE TALLAHASSEE, FL 32301	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
tle: ame: ddress: ity-St-Zip:	STD ( ) Delete D'ALEMBERTE, TALBOT 425 W. JEFFERSON STREET TALLAHASSEE, FL 32306 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
ame: ldress: ty-St-Zip: tle: ame: ldress:	D'ALEMBERTÉ, TALBOT 425 W. JEFFERSON STREET TALLAHASSEE, FL 32306 US  D () Delete HARPER, ROBERT 325 W. PARK AVE.	Name: Address:
ame: ddress:	D'ALEMBERTÉ, TALBOT 425 W. JEFFERSON STREET TALLAHASSEE, FL 32306 US  D () Delete HARPER, ROBERT 325 W. PARK AVE.	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
ame: Idress: ty-St-Zip: Ide: Idress: Idress: ty-St-Zip: Ide: Idress: Idress: Idress: Idress:	D'ALEMBERTE, TALBOT 425 W. JEFFERSON STREET TALLAHASSEE, FL 32306 US  D () Delete HARPER, ROBERT 325 W. PARK AVE. TALLAHASSEE, FL 32301 US  D () Delete SCHLAKMAN, MARK 426 W. JEFFERSON STREET TALLAHASSEE, FL 32306 US  D () Delete UFFERMAN, MICHAEL 660 E. JEFFERSON STREET	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

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: JENNIFER L. GREENBERG PD 02/08/2007