



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 020 \*\*\*\*70.00

<b>DOCUMENT # N04000004377</b> 1. Entity Name <b>FLORIDA EQUAL JUSTICE CENTER, INC.</b>					
Principal Place of Business <b>3210 CLEVELAND AVENUE FORT MYERS, FL 33901</b>				Mailing Address <b>PO BOX 6517 CAPE CORAL, FL 33911-6517</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 6517</b>  Suite, Apt. #, etc.			
City & State  City & State <b>Fort Myers, FL</b>		4. FEI Number <b>20-1290907</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33911-6517</b>		Country <b>USA</b>		5. Certificate of Status Desired <b>KK</b> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WAHL, GAIL 963 E. MEMORIAL BLVD. LAKELAND, FL 33801</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DIAMOND, STELLA</b> <b>2036 MCGREGOR BLVD.</b> <b>FORT MYERS, FL 33902</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LUCKEY, OWEN L JR.</b> <b>90 HOWE AVE.</b> <b>LABELLE, FL 33935</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SENN, STEPHEN R</b> <b>225 E. LEMON STREET</b> <b>LAKELAND, FL 33801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FIELDS, TAMMY</b> <b>301 N. OLIVE AVENUE</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Sally G. Schmidt</u> Sally G. Schmidt, Exe. Director 1/12/06 239-277-2070</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					