

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000004377**

1. Entity Name  
**FLORIDA EQUAL JUSTICE CENTER, INC.**



Principal Place of Business  
**3210 CLEVELAND AVENUE  
FORT MYERS, FL 33901**

Mailing Address  
**POB 6517  
FORT MYERS, FL 33911-6517**



01162007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1290907</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**WAHL, GAIL  
963 E. MEMORIAL BLVD.  
LAKELAND, FL 33801**

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IN THIS SPACE**

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

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, STELLA 2036 MCGREGOR BLVD. FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCKEY, OWEN L JR. 90 HOWE AVE. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SENN, STEPHEN R 225 E. LEMON STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIELDS, TAMMY 301 N. OLIVE AVENUE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80014-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Sally Schmidt*

**Sally Schmidt, Exe. Director**

**01/16/2007**

**239-277-7060**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #