2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N04000004377

Entity Name: FLORIDA EQUAL JUSTICE CENTER, INC.

Current Principal Place of Business:

3210 CLEVELAND AVENUE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24688
LAKELAND, FL 33802

New Mailing Address:

P.O. BOX 24688
LAKELAND, FL 33802-468

FEI Number: 20-1290907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAHL, GAIL
963 E. MEMORIAL BLVD.
LAKELAND, FL 33801 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: P ( ) Delete
Name: DIAMOND, STELLA
Address: 2904 VALENCIA WAY
City-St-Zip: FORT MYERS, FL 33901

Title: V ( ) Delete
Name: LUCKEY, OWEN L JR.
Address: 90 HOWE AVE.
City-St-Zip: LABELLE, FL 33935

Title: S ( ) Delete
Name: SENN, STEPHEN R
Address: 225 E. LEMON STREET
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete
Name: PERRY, MARK
Address: 50 SE 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SENN, STEPHEN R
Address: 225 E. LEMON STREET
City-St-Zip: LAKELAND, FL 33801

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

Title: S (X) Change ( ) Addition
Name: TRUEBLOOD, TRAVIS W
Address: 1212 US HWY 27
City-St-Zip: MOORE HAVEN, FL 33471

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

I hereby certify that the information supplied with this filing does not qualify 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: GAIL WAHL RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date