


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 034 ****61.25

DOCUMENT # N04000005622					
1. Entity Name JUSTICE IN DEPENDENCY ACTIONS OF BROWARD COUNTY, INC.					
Principal Place of Business 600 S. ANDREWS AVE. SUITE 400 FORT LAUDERDALE, FL 33301			Mailing Address 600 S. ANDREWS AVE. SUITE 400 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50029267	
City & State		City & State		03172005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 20-1255336	
City & State		City & State		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, LAURENCE J ESQ. 800 S.E. THIRD AVE. FLOOR 4 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name <u>LEVY, JEFFREY B ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>200 SE 6TH STREET, SUITE #404</u> City <u>FORT LAUDERDALE</u> FL <u>33301</u>		
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 <u>X</u> <u>Jeffrey B Levy</u> Signature, typed or printed name of registered agent and title if applicable.			DATE <u>3/17/05</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KISTNER, DENISE E ESQ. 600 S. ANDREWS AVE., SUITE 400 FORT LAUDERDALE, FL 33301	<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	TR. LEVY, JEFFREY ESQ. 200 S.E. SIXTH STREET FORT LAUDERDALE, FL 33301	<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	SECT PENA, KATHLEEN ESQ. 600 S. ANDREWS AVE., SUITE 400 FORT LAUDERDALE, FL 33301	<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
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 exemption stated in Section 119.07(3)(i), 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: <u>X</u> <u>Jeffrey B Levy</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>3/17/05</u> DAYTIME PHONE # <u>954 522-1060</u>		