

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005622

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** JUSTICE IN DEPENDENCY ACTIONS OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

200 SE 6TH STREET  
SUITE 205  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

200 SE 6TH STREET  
SUITE 205  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 20-1255336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEVY, JEFFREY B ESQ.  
200 SE 6TH STREET SUITE #404  
FORT LAUDERDALE, FL 33301 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: KISTNER, DENISE E ESQ.  
Address: 200 SE 6TH STREET, SUITE 205  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TR. ( ) Delete  
Name: ALLY, ROGER ESQ.  
Address: 100 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SECT ( ) Delete  
Name: WIDMEYER, MEGAN ESQ.  
Address: 1 E BROWARD BLVD, STE. 700  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP ( ) Delete  
Name: SHAMAN, FELICIA ESQ.  
Address: 200 SE 6TH STREET, STE 205  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP2 ( ) Delete  
Name: HOLNESS, ANDREW ESQ.  
Address: 12555 ORANGE DR., STE. 7B  
City-St-Zip: DAVIE, FL 33304

Title: GO ( ) Delete  
Name: GAINER-GADDIS, PATRICIA ESQ.  
Address: 200 SE 6TH STREET, STE. 205  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: DENISE E. KISTNER

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date