

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002150

FILED
Mar 23, 2009
Secretary of State

Entity Name: CORRECTIONS TRANSITION, INC.

Current Principal Place of Business:

20556 N.E. 6TH COURT
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

20556 N.E. 6TH COURT
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 86-1141133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEARN, REGINA PH.D.
20556 N.E. 6TH COURT
NORTH MIAMI BEACH, FL 33179 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: DIR () Delete
Name: SHEARN, REGINA PH.D.
Address: 20556 N.E. 6TH COURT
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: DIR () Delete
Name: OPELLA, STEVEN R
Address: 541 DEER RUN
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: DIR () Delete
Name: DAVIS, EDDIE
Address: 10421 N.W. 17TH AVENUE, APT. B210
City-St-Zip: MIAMI, FL 33147 US

Title: DIR () Delete
Name: STEELE, ANA
Address: 16220 N.W. 27TH COURT
City-St-Zip: MIAMI, FL 33054 US

Title: DIR () Delete
Name: MILLBROOK, LOU
Address: 2301 S.W. 106TH AVE.
City-St-Zip: MIRAMAR, FL 33024 US

Title: DIR () Delete
Name: FRANCIS, KENNETH
Address: 2454 S.W. 10TH STREET, APT. 4
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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: REGINA SHEARN

DIR

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date