2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # N05000005062 04-03-2006 90378 036 ****70.00 CENTER FOR COOPERATIVE JUSTICE, INC. 60024439 Principal Place of Business Mailing Address 2907 COLDSTREAM DR 2907 COLDSTREAM DR TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACUFF, KARL DAVID Street Address (P.O. Box Number is Not Acceptable) 1725 E. MAHAN DRIVE **SUITE 201** TALLAHASSEE, FL 32308 City Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE Benjamin Stevenson, CEO Change NAME and Director 3430 Galt Ocean Drive STREET ADDRESS STREET ADDRESS Fort Lauderdale, FL 33308 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Meredith Stevenson, CFO Addition NAME NAME and Director 411 East Fifth Avenue STREET ADDRESS STREET ADDRESS Lancaster, OH 43130 CITY-ST-ZIF CITY-ST-7/P TITLE David Knapp, Director Addition ☐ Delete TITLE Change NAME 2907 coldstream brive STREET ADDRESS STREET ADDRESS Tallahassee, FL 32312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-70P

CITY-ST-78

Meredith Stevenson 03.30.06