2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005062

Entity Name: CENTER FOR COOPERATIVE JUSTICE, INC.

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3051 HIGHWLAND OAKS TERRACE SUITE D TALLAHASSEE, FL 323013841				3051 HIGHWLAND OAKS TERRACE SUITE D TALLAHASSEE, FL 323013841			
Current Mailing Address:				New Mailing Address:			
3051 HIGHWLAND OAKS TERRACE SUITE D TALLAHASSEE, FL 323013841				3051 HIGHWLAND OAKS TERRACE SUITE D TALLAHASSEE, FL 323013841			
FEI Number:	20-2868883	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	Desired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ACUFF, KARL DAVID 1725 E. MAHAN DRIVE SUITE 201 TALLAHASSEE, FL 32308 US				ACUFF, KARL DAVID 3051 HIGHWLAND OAKS TERRACE SUITE D TALLAHASSEE, FL 323013841 US			
The above in the State		ubmits this statement for the pu	rpose o	f changing it	s registered	l office or registered a	gent, or both,
SIGNATURE:				04/05/2007			
	Electroni	Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFICERS AN	D DIRECTORS:
Title: Name: Address: City-St-Zip:	CEO () Delete STEVENSON, BENJAMIN 3430 GALT OCEAN DR FORT LAUDERDALE, FL 33308			Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	CFOD () Delete STEVENSON, MEREDITH 411 E 5TH AVE LANCASTER, OH 43130			Title: Name: Address: City-St-Zip:	CFOD (X) Change () Addition STEVENSON, MEREDITH 850 N. RANDOLPH ST., APT. 708 ARLINGTON, VA 22203		
Title: Name: Address: City-St-Zip:	D () Delete KNAPP, DAVID 2907 COLDSTREAM DR TALLAHASSEE, FL 32312			Title: Name: Address: City-St-Zip:	lame: ddress:		
Title: Name: Address: City-St-Zip:	()[Delete		Title: Name: Address: City-St-Zip:	ITO, JAMIE 1514 JACKS	() Change (X) Addition ON STREET EE, FL 32303	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MILLER, DOI 2205 JOYNE		

I hereby certify that the information supplied with this filing does not qualify for the 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: BENJAMIN STEVENSON CEOD 04/05/2007