

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19822 (8)

1. Corporation Name

JUSTICE FOR ALL IN BROWARD, INC.



Principal Place of Business

Mailing Address

**C/O ROBERT L SMITH
1400 SISTRUNK BLVD.
FT. LAUDERDALE FL 33311**

**C/O ROBERT L SMITH
1400 SISTRUNK BLVD.
FT. LAUDERDALE FL 33311**

3. Date Incorporated or Qualified
03/25/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2750695

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSS, ISOM
1191 NW 27 AVE
FT LAUDERDALE FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE

NAME **COPELAND, L.G.**

STREET ADDRESS **1011 NW 47 ST**

CITY - ST - ZIP **POMPANO BCH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

VD

Nelson, Joe

1050 NW 7 St.

Ft. Lauderdale, FL 33311

TITLE **PD** ☐ DELETE

NAME **ROSS, ISOM**

STREET ADDRESS **1191 NW 27 AVE**

CITY - ST - ZIP **FT LAUDERDALE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE

NAME **WILSON, FRED E.**

STREET ADDRESS **1261 NW 24 AVE**

CITY - ST - ZIP **POMPANO BCH FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, MAE OLLIE**

STREET ADDRESS **755 NW 13 TERR.**

CITY - ST - ZIP **FT. LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE

NAME **MERRITT, MATTIE L.**

STREET ADDRESS **2816 N.W. 7 CT.**

CITY - ST - ZIP **FT LAUDERDALE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE

NAME **KENNEDY, FANNIE**

STREET ADDRESS **100 SW 18 AVE.**

CITY - ST - ZIP **FT. LAUDERDALE FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Isom Ross

Isom Ross

3/19/96

(954)764-5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)