

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 # N45374 (8)

1. Corporation Name

FLORIDA SENTENCING ALTERNATIVES RESEARCH, INC.

Principal Place of Business

Mailing Address

P O BOX 103  
ORLANDO FL 32802

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ORLANDO FL 32802

16 SEP -3 PM 1:32

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 P.O. Box 339		26 P.O. Box 339		09/27/1991		06/14/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				59-3089868		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 POMPANO BEACH FL.		28 POMPANO BEACH FL.		<input type="checkbox"/>		5.00 May Be Added to Fees	
24 Zip		25 Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 33060		25 U.S.A.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANNER, WILBERT C.  
9532 PINE TERR. CT.  
WINDERMERE FL 34786

81 Name	WILBERT C. DANNER
82 Street Address (P.O. Box Number is Not Acceptable)	2555 N.E. 11 <sup>th</sup> ST
83 #	909
84 City	FT. LAUDERDALE
85 Zip Code	33304

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	DANNER, WILBERT C	1.2 NAME	WILBERT C. DANNER
STREET ADDRESS	9532 PINE TERR. CT	1.3 STREET ADDRESS	2555 N.E. 11 <sup>th</sup> ST. #909
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	VP	2.1 TITLE	SECRETARY
NAME	DALEY, BERTHA	2.2 NAME	BERTHA DALEY
STREET ADDRESS	2103 MANTILLA AVE.	2.3 STREET ADDRESS	2103 MANTILLA AVE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32805
TITLE	T	3.1 TITLE	TREASURER
NAME	ROBERTS, BREHON	3.2 NAME	INGRID BACHELOR
STREET ADDRESS	712 LAUREL WAY	3.3 STREET ADDRESS	5122 N.W. 43 <sup>rd</sup> AVE
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	S	4.1 TITLE	
NAME	JOLLIFF, PAULA	4.2 NAME	
STREET ADDRESS	5824 AUVERS BLVD, #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	
NAME	CAMPBELL, M ARION	5.2 NAME	
STREET ADDRESS	4151 SANDLEWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Wilbert C. Danner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96 (954) 943-5303  
Date Daytime Phone #

CR2E037 (12/95)