

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46633

FILED
Apr 25, 2006
Secretary of State

Entity Name: FLORIDA COALITION FOR PEACE AND JUSTICE, INC.

Current Principal Place of Business:

10665 SW 89 AVE
HAMPTON, FL 32044 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 336
GRAHAM, FL 32042 US

New Mailing Address:

FEI Number: 59-3104910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANCIG, BOB
PO BOX 5911
GAINESVILLE, FL 32627 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: DT () Delete
Name: MCINTIRE, PEG,
Address: 4600 A1A SO LP 2-1
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D (X) Delete
Name: EHRLICH, TONY
Address: 96 HILLDALE AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: SCHUTZ, ERIC
Address: 2020 LEANNE CT
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: VANDERHORST, MARY C
Address: 5605 TROUT RIVER BLVD
City-St-Zip: JACKSONVILLE, FL 32208

Title: DP () Delete
Name: KAUFFMAN, DAN
Address: 1255 OLD BARTOW-HOMELAND RD
City-St-Zip: BARTOW, FL 33830

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: MCINTIRE, PEG,
Address: 21 VILLAGE LAS PALMAS CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

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

Title: D (X) Change () Addition
Name: KAUFFMAN, DAN
Address: 1255 OLD BARTOW-HOMELAND RD
City-St-Zip: BARTOW, FL 33830

Title: DP () Change (X) Addition
Name: LINNEHAN, JOHN X
Address: 349 SHADY OAK CIRCLE
City-St-Zip: ORANGEDALE, FL 32092

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: JOHN X LINNEHAN

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date