

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46633

FILED  
Apr 26, 2007  
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:**

TANCIG, BOB  
10665 SW 89TH AVE  
HAMPTON, FL 32044 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/26/2007

Electronic Signature of Signing Officer or Director

Date