## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46633

FILED Apr 30, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

10665 SW 89 AVE

HAMPTON, FL 32044 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 336

GRAHAM, FL 32042 US

FEI Number: 59-3104910 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

APPLEN, JUNE APPLEN, JUNE Name: Name:

8017 INTERNATIONAL VILLAGE DR Address: 8017 INTERNATIONAL VILLAGE DR Address:

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32277

Title: Title: D () Delete (X) Change ( ) Addition

KRAFT, JUDY Name: STILL, PAUL Name: Address: 5000 N OCEAN BLVD A-17 Address: 14167 SW 101 AVE City-St-Zip: BRINY BREEZES, FL 33435 City-St-Zip: STARKE, FL 32091

Title: () Delete Title: () Change () Addition

FRANK, JOHN Name: Name: 1552 GREENRIDGE CIR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip:

Title: DS ( ) Delete Title: DT (X) Change ( ) Addition

Name: ENCISO, EDWIN Name: LINNEHAN, JOHN X 349 SHADY OAK CIR Address: 2307 S CLEWIS CT APT 8 Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: ORANGEDALE, FL 32092

Title: ( ) Delete Title: (X) Change ( ) Addition

BURNS, VINCE BURNS, VINCE Name: Name:

2908 WILDERNESS BLVD W 4712 FOREST CREEK TRAIL Address: Address: PARRISH, FL 34219 City-St-Zip: City-St-Zip: PARRISH, FL 34219

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 DT 04/30/2009