FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000000247

1. Corporation Name
The Juvenile Justice Center, Inc.

Principal Place of Business	Mailing Address
630 W. Brevard St Tallahassee, FL 32304	P.O. Box 10611 Tallahassee, FL 32302

3. Date Incorporated or Qualified: 1-20-93
3a. Date of Last Report: April 1994
4. FEI Number: 59-3188966 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 630 W. Brevard St.	26 PO Box 10611
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL	28 City & State: TAL., FL
24 Zip: 32304 25 Country: USA	29 Zip: 32302 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Eric F. Whitehead 1406 Lehigh Dr., N. Tallahassee, FL 32301	81 Name: Eric F. Whitehead 82 Street Address (P.O. Box Number is Not Acceptable): 1406 Lehigh Dr., N. 83 84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5-1-95
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 / NAME / STREET ADDRESS / CITY ST ZIP	Chairman Maurice Crockett 3009 Tipperary Tallahassee, FL 32308	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Chairman Maurice Crockett Tallahassee, FL 32308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Gregory Smith Vice Chairman 3514 Crosshaven Lane Tallahassee, FL 32308	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	Gregory Smith Vice Chairman Tallahassee, FL 32308	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Eric Whitehead, Secretary-Treasurer 1406 Lehigh Dr, N. Tallahassee, FL 32301	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Keith Simmonds 5446 Pedrick Crossing Tallahassee, FL 32308	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	Keith Simmonds Tallahassee, FL	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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)(i), 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: [signature] Eric F. Whitehead 5-1-95 701-386-3191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #