

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000000247 (7)**

1. Corporation Name

THE JUVENILE JUSTICE CENTER, INC.

Principal Place of Business

**630 W. BREVARD ST.
TALLAHASSEE FL 32301**

Mailing Address

**P.O. 10611
TALLAHASSEE FL 32302**



3. Date Incorporated or Qualified
01/20/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3188966

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **231-A East Virginia Street**

Suite, Apt. #, etc.

22

City & State

23 **Tallahassee, FL**

Zip

24 **32301**

Country

25 **U.S.A.**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**WHITEHEAD, ERIC F
1406 LEHIGH DR. NORTH
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **C and D
CROCKETT, MAURICE**
STREET ADDRESS **3009 TIPPERARY DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **VC and D
SMITH, GREGORY**
STREET ADDRESS **3514 CROSSHAVEN LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME **ST and D
WHITEHEAD, ERIC**
STREET ADDRESS **1406 LEHIGH DR. NORTH**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE

NAME **D
SIMMONDS, KEITH**
STREET ADDRESS **5446 PEDRICK CROSSINGS**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001867928

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*****61.25**

**D
Carl Goldman
5428 Paces Mill Rd.
Tallahassee FL 32301**

☐ Change ☐ Addition

☐ 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)(k), Florida Statutes. Further, I 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.

Eric F. Whitehead 4-27-96

531-6559

Date

Daytime Phone #

CR2E037 (12/95)