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1997 MAY -1 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000247 (7)**

1. Corporation Name

**THE JUVENILE JUSTICE CENTER, INC.**



Principal Place of Business <b>231-A EAST VIRGINIA ST. TALLAHASSEE FL 32301</b>	Mailing Address <b>P.O. 10611 TALLAHASSEE FL 32302-2611</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/20/1993</b>	3a. Date of Last Report <b>06/19/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3188966</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>WHITEHEAD, ERIC F 1406 LEHIGH DR. NORTH TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROCKETT, MAURICE			1.2 NAME			
STREET ADDRESS	3009 TIPPERARY DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP			
TITLE	VCD	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	SMITH, GREGORY			2.2 NAME			
STREET ADDRESS	3514 CROSSHAVEN LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITEHEAD, ERIC			3.2 NAME			
STREET ADDRESS	1406 LEHIGH DR. NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32301			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONDS, KEITH			4.2 NAME			
STREET ADDRESS	5446 PEDRICK CROSSINGS			4.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, CARL			5.2 NAME			
STREET ADDRESS	5428 PACES MILL RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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:  **ERIC F. Whitehead** 5-1-97 488-0050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008123

CR2E037 (9/96)