

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005327

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA JUVENILE JUSTICE ASSOCIATION, INC.

Current Principal Place of Business:

1201 HAY STREET
SUITE 107
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1201 HAYS STREET
SUITE 107
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-3248498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG-MYERS, CATHERINE
1201 HAYS STREET
SUITE 107
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, JIM
Address: 6302 BENJAMIN ROAD SUITE 400
City-St-Zip: TAMPA, FL 33634

Title: PP () Delete
Name: HAMILTON, NANCY
Address: 6655 66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33054

Title: TD () Delete
Name: READ, DONNIE
Address: POST OFFICE BOX 68
City-St-Zip: BRISTOL, FL 32321

Title: SD () Delete
Name: HOWARD, JON MARK
Address: 177 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

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:

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: LYNN REDMOND

MS

01/16/2009

Electronic Signature of Signing Officer or Director

Date