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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N94000004788 (5)

THE LEON COUNTY JUVENILE JUSTICE COUNCIL, INC.

—	of Business	Matter Andrew				
Principal Place		Mailing Address		4 (68)(18) \$18 (8)(1 8)(8) \$40	88111 8 8151 68 111 818 11 1 8 1	881 1818r 1811 1881
ROOM 443 LI TALLAHSSEE	EON COUNTY COURTHOUSE FL 32301	ROOM 443 LEON CO TALLAHSSEE FL 3230				
				 Date Incorporated or Qualified 09/28/1994 	3a. Date of Last 09/11/1	
 Principal Pla 	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3270226	├ ──	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	5 Additional
City & State		City & State		6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	Required May Be
3		28		Trust Fund Contribution		d to Fees
Zip 4	Country	Zip	Country	8. This corporation has liability for		199.032,
<u>'l</u>	25 9. Name and Address of Curi	rent Registered Agest	30		☐ Yes ☐ No	
	J. Hama and Addition of Cult	ent negistered Agent	81 Name	10. Name and Address of New F	legistered Agent	
CODDEN	/ AVERTURA I					
GODBEY, CYNTHIA Ł ROOM 443 LEON COUNTY COURTHOUSE			82 Street /	Address (P.O. Box Number is Not Acceptab	ole)	
TALLAHSSEE FL 32301		JUSE	83			-
IALLAIL	JOLL 1 L J2301					
			84 City		F1 85 Zip	p Code
1. Pursuant to	the provisions of Sections 617.05	i02 and 617.1508, Florida Statut	tes, the above-named co	proporation submits this statement for the pur board of directors. I hereby accept the app	mose of changing its r	registered office
Or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authorized tion 617.0503. Florida Statuter	zed by the corporation's I	board of directors. I hereby accept the app	ointment as registered	l agent. I am
familiar with		sonon o milosoo, monda otatute:	ა .			
Tearrings VIII						
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agent signature re	Ecuired when reinstating)	DATE	
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NC AND DIRECTORS	OTE: Registered Agent signature re			DRS IN 12
GIGNATURE s	Stynature, typed or printed name of registered ag OFFICERS A			scuired when reinstating! ADDITIONS/CHANGES TO OFF		DAS IN 12
BIGNATURE S	Stylielure, tyred or printed name of registered ag OFFICERS A D MEISBURG, STEVE	AND DIRECTORS	13.		ICERS AND DIRECTO	
SIGNATURE S 2. TLF AME	OFFICERS A D MEISBURG, STEVE 4TH FLOOR CITY HALL	AND DIRECTORS	13. 1.1 TITLE		ICERS AND DIRECTO	
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∕Cynthia L. Godbey

904-488-6339 Deyline Phone #