

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 MAY -1 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004788 (5)**

1. Corporation Name

THE LEON COUNTY JUVENILE JUSTICE COUNCIL, INC.

Principal Place of Business ROOM 443 LEON COUNTY COURTHOUSE TALLAHASSEE FL 32301	Mailing Address ROOM 443 LEON COUNTY COURTHOUSE TALLAHASSEE FL 32301
--	--

3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report 02/09/1996
4. FEI Number 59-3270226	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 500 N. Appleyard Dr. Suite, Apt. #, etc. 22 Bldg. 1, Room 109 City & State 23 Tallahassee, FL Zip 24 32304	2a. Mailing Address 26 500 N. Appleyard Dr. Suite, Apt. #, etc. 27 Bldg. 1, Room 109 City & State 28 Tallahassee, FL Zip 29 32304
---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GODBEY, CYNTHIA L
~~**ROOM 443 LEON COUNTY COURTHOUSE**~~
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 500 N. Appleyard Drive
83 Building 1, Room 109
84 City Tallahassee
85 Zip Code FL 32304

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISBURG, STEVE	1.2 NAME	900002167979--1
STREET ADDRESS	4TH FLOOR CITY HALL	1.3 STREET ADDRESS	-05/06/97--01106--004
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORDON GARY	2.2 NAME	Proctor, Bill
STREET ADDRESS	301 S. MONROE STREET 5TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILWORTH, JAMES	3.2 NAME	TD Armstrong, Ken
STREET ADDRESS	3641 CHERRY BLUFF LANE	3.3 STREET ADDRESS	307 E. 7th Avenue
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBEY, CYNTHIA L	4.2 NAME	
STREET ADDRESS	301 S MONROE STREET RM 443	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	A. Alan
CITY-ST-ZIP		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	5/1/97
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 **Cynthia L. Godbey** 5/1/97 904-488-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)