

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004788

FILED  
Aug 31, 2005  
Secretary of State

**Entity Name:** THE LEON COUNTY JUVENILE JUSTICE COUNCIL, INC.

**Current Principal Place of Business:**

C/O RICHARD SWAINE  
P.O. BOX 11251  
TALLAHASSEE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD SWAINE  
P.O. BOX 11251  
TALLAHASSEE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-3270226      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SWAINE, RICHARD  
521 OLD MAGNOLIA RD.  
CRAWFORDVILLE, FL 32327      US

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: DC      ( ) Delete  
Name: DANIELS, NANCY  
Address: 301 S MONROE STREET RM 401  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT      ( ) Delete  
Name: SWAINE, RICHARD  
Address: P.O. BOX 11251  
City-St-Zip: TALLAHASSEE, FL 32302

Title: DVC      ( ) Delete  
Name: HALL, CALVIN  
Address: 2601 GUNN STREET  
City-St-Zip: TALLAHASSEE, FL 32304

Title: DS      ( ) Delete  
Name: MITCHELL, MIAISHA  
Address: 8416 LULA LANE  
City-St-Zip: TALLAHASSEE, FL 32308

**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 for the exemption stated in Section 119.07(3)(i), 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: RICHARD SWAINE

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08/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date