

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90034 032 \*\*\*\*61.25

**DOCUMENT # N94000004788**

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



Principal Place of Business  
**C/O RICHARD SWAINE  
P.O. BOX 11251  
TALLAHASSEE, FL 32327**

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

401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07202007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3270226**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Nancy Daniels**

Street Address (P.O. Box Number is Not Acceptable) **301 S. Monroe St. # 401**

**Tallahassee, FL 32301**

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nancy Daniels*

7/31/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete  
NAME **DANIELS, NANCY**  
STREET ADDRESS **301 S MONROE STREET RM 401**  
CITY- ST- ZIP **TALLAHASSEE, FL 32301**

TITLE **D-President** ☒ Change ☐ Addition  
NAME **Joe Thomas**  
STREET ADDRESS **2301 Pasco St.**  
CITY- ST- ZIP **Tallahassee, FL 32310**

TITLE **DT** ☐ Delete  
NAME **SWAINE, RICHARD**  
STREET ADDRESS **P.O. BOX 11251**  
CITY- ST- ZIP **TALLAHASSEE, FL 32302**

TITLE **D-Vice President** ☒ Change ☐ Addition  
NAME **Tomica Archie Smith**  
STREET ADDRESS **1311 N Paul Russell**  
CITY- ST- ZIP

TITLE **DVC** ☐ Delete  
NAME **HALL, CALVIN**  
STREET ADDRESS **2601 GUNN STREET**  
CITY- ST- ZIP **TALLAHASSEE, FL 32304**

TITLE **D-Treasurer** ☒ Change ☐ Addition  
NAME **Nancy Daniels**  
STREET ADDRESS **301 S Monroe St. # 401**  
CITY- ST- ZIP **Tallahassee, FL 32301**

TITLE **DS** ☐ Delete  
NAME **MITCHELL, MIAISHA**  
STREET ADDRESS **8416 LULA LANE**  
CITY- ST- ZIP **TALLAHASSEE, FL 32308**

TITLE **D-Secretary** ☐ Change ☐ Addition  
NAME **Miaisha Mitchell**  
STREET ADDRESS **8416 Lula Lane**  
CITY- ST- ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **D-Corresponding Secretary** ☐ Change ☒ Addition  
NAME **Connie Jenkins**  
STREET ADDRESS **234 E. 7th Ave.**  
CITY- ST- ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy Daniels*

7-23-07

(850) 606-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #