## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Aug 05, 2008 8:00 am Secretary of State DOCUMENT # N94000004788 08-05-2008 90003 029 \*\*\*\*61.25 THE LEON COUNTY JUVENILE JUSTICE COUNCIL, INC. Principal Place of Business Mailing Address -C/O RICHARD SWAINE NANCY DANIELS C/O RICHARD SWAINE NANCY DANIELS P.O. BOX 11251 'P<del>.O. BOX 11251</del> TALLAHASSEE, FL- 32327 TALLAHASSEE, FL 32327 3. Mailing Address 301 S. Monroe Street 2. Principal Place of Business - No P.O. Box # 301 S. Monroe Street Suite, Apt. #, etc. Room 401 S<sup>-1</sup>\*9, Apt. #, etc. 07222008 Chg-NP CR2E037 (12/06) Room 401 City & State Tallahassee, Florida City & State Tallahassee, Florida 4. FEI Number 59-3270226 Applied For Not Applicable Country Country \$8.75 Additional 32301 5. Certificate of Status Desired Leon County 32301 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELS, NANCY Street Address (P.O. Box Number is Not Acceptable) 301 S. MONROE ST #401 TALLAHASSEE, FL 32301 Zip Code City 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 . 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DANIELS, NANCY NAME NAME STREET ADDRESS 301 S MONROE STREET RM 401 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE ☑ Delete TITLE ■ Addition NAME SWAINE, RICHARD NAME P.O. BOX 11251 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32302 CITY-ST-ZIP TITLE DVC Delete ☐ Change Addition Addition HALL, CALVIN NAME NAME 2601 GUNN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP Defete TITLE ☐ Change Addition MITCHELL, MIAISHA NAME NAME STREET ADDRESS 8416 LULA LANE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition THOMAS, JOE NAME NAME STREET ADDRESS 2301 PASCO ST STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME ARCHIE SMITH, TOMICA NAME

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.

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

1311 N. PAUL RUSSELL

TALLAHASSEE, FL

MANUAL MUNICIPALITY OF THE PRINCE OF DIRECTOR DIRECTOR DIRECTOR

8-1-08

850-606-1010

**FILED**