

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002591 (4)**

1. Corporation Name

**JUSTICE FOR CHILDREN, INC. -FLORIDA CHAPTER**



Principal Place of Business

Mailing Address

P.O. BOX 713  
LYNN HAVEN FL 32444

P.O. BOX 713  
LYNN HAVEN FL 32444

3. Date Incorporated or Qualified

**05/31/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 659 JENKS AVENUE**

**26 659 JENKS AVENUE**

4. FEI Number

**59-3314-724**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

22 Suite, Apt. #, etc.  
**SUITE D**

27 Suite, Apt. #, etc.  
**SUITE D**

23 City & State

28 City & State

**PANAMA CITY, FL**

**PANAMA CITY, FL**

24 Zip

25 Country

29 Zip

30 Country

**32402**

**USA**

**32402**

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVA, KARL J  
604 SPARROW STREET  
LYNN HAVEN FL 32444**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*KARL J. SILVA*

**KARL J. SILVA, PRESIDENT**

**3/20/96**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **CURTIS, LARRY**

1.2 NAME **V/D**

STREET ADDRESS **3745 HIGHWAY 77**

1.3 STREET ADDRESS **1500 HARVARD BLVD.**

CITY-ST-ZIP **PANAMA CITY FL 32405**

1.4 CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **HARRIS, DONNA**

2.2 NAME **S/D**

STREET ADDRESS **445 TEAL LANE**

2.3 STREET ADDRESS

CITY-ST-ZIP **TALLAHASSEE FL 32308**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **LOVE, SUSAN**

3.2 NAME

STREET ADDRESS **7627 N DEAR HAVEN RD.**

3.3 STREET ADDRESS

CITY-ST-ZIP **PANAMA CITY FL 32409**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **SILVA, KARL**

4.2 NAME **P/D**

STREET ADDRESS **604 SPARROW STREET**

4.3 STREET ADDRESS

CITY-ST-ZIP **LYNN HAVEN FL 32444**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **TAUNTON, DAVID**

5.2 NAME

STREET ADDRESS **P.O. BOX 870**

5.3 STREET ADDRESS

CITY-ST-ZIP **WEWAHITCHKA FL 32465**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME **TINDER, JUDY**

6.2 NAME **T/D**

STREET ADDRESS **504 VIRGINIA AVE.**

6.3 STREET ADDRESS

CITY-ST-ZIP **LYNN HAVEN FL 32444**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*KARL J. SILVA*

**KARL J. SILVA, PRESIDENT**

**3/20/96**

**904/763-8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)