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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002591 (4)**

1. Corporation Name

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



Principal Place of Business	Mailing Address
<b>659 JENKS AVENUE</b> <b>SUITE D</b> <b>PANAMA CITY FL 32402</b> <b>US</b>	<b>659 JENKS AVENUE</b> <b>SUITE D</b> <b>PANAMA CITY FL 32401-2646</b> <b>US</b>

3. Date Incorporated or Qualified <b>05/31/1995</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address
<b>21 604 Sparrow Street</b> Suite, Apt. #, etc.	<b>26 604 Sparrow Street</b> Suite, Apt. #, etc.
<b>22</b> City & State <b>Lynn Haven, FL</b>	<b>27</b> City & State <b>Lynn Haven, FL</b>
<b>23</b> Zip <b>32444</b>	<b>28</b> Zip <b>32444</b>
<b>24</b> Country <b>US</b>	<b>29</b> Country <b>US</b>

4. FEI Number <b>59-3314724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>SILVA, KARL J</b> <b>604 SPARROW STREET</b> <b>LYNN HAVEN FL 32444</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>CURTIS, LARRY</b>
STREET ADDRESS	<b>1500 HARVARD BLVD</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>HARRIS, DONNA</b>
STREET ADDRESS	<b>445 TEAL LANE</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>LOVE, SUSAN</b>
STREET ADDRESS	<b>7627 N DEAR HAVEN RD.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32409</b>
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>SILVA, KARL</b>
STREET ADDRESS	<b>604 SPARROW STREET</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>TAUNTON, DAVID</b>
STREET ADDRESS	<b>P.O. BOX 870</b>
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>TINDER, JUDY</b>
STREET ADDRESS	<b>604 VIRGINIA AVE.</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Donna Harris SD</b>
2.3 STREET ADDRESS	<b>102 Colorado Mountain Rd.</b>
2.4 CITY-ST-ZIP	<b>Rio Rancho, NM 87124</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **KARL J SILVA** **KARL J SILVA** **April 17 1997**

CR2E037 (9/96)