

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 006 ****61.25

DOCUMENT # N96000004611

1. Entity Name
**FLORIDA APPLESEED CENTER FOR LAW AND JUSTICE,
INC.**



Principal Place of Business
**C/O ELLIOTT MANNING
ROOM G261
CORAL GABLES, FL 33146**

Mailing Address
**C/O ELLIOTT MANNING
P.O. BOX 248087
CORAL GABLES, FL 33124-8087**

44046245



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06012004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0719038

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

**MANNING, ELLIOTT
1311 MILLER DRIVE
ROOM G 261
CORAL GABLES, FL 33141**

7. Name and Address of New Registered Agent

Name

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

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

[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
Due by September 8, 2004**

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

TITLE **D** ☐ Delete
NAME **BARKIN, MARVIN E**
STREET ADDRESS **2700 BARNETT PLAZA**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Delete
NAME **BASS, HILARIE**
STREET ADDRESS **1221 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete
NAME **BESVINICK, LAURA**
STREET ADDRESS **1111 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **D** ☐ Delete
NAME **FEAGIN, ROBERT II**
STREET ADDRESS **315 SOUTH CALHOUN STREET, STE 600**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☐ Delete
NAME **GERSTEIN, JACKIE G**
STREET ADDRESS **800 NW 15 STREET**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **D** ☒ Delete
NAME **GONZALEZ, JACKIE**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Mr. Jimmy Holtzman**
STREET ADDRESS **2601 S. Bayshore Dr, Suite 600**
CITY-ST-ZIP **Coral Gables, FL 33133**

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

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

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

TITLE **D & Vice President** ☐ Change ☒ Addition
NAME **Osama Elwan**
STREET ADDRESS **334 Miramar Ave**
CITY-ST-ZIP **Coral Gables, FL 33134**

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 305 284-2961