

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004611

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



Principal Place of Business  
C/O ELLIOTT MANNING  
ROOM G26  
CORAL GABLES, FL 33146

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

FILED

05 MAY 27 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06012004 Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0719038

Applied For  
Not Applicable

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	<input type="checkbox"/> Delete
NAME	BARKIN, MARVIN E	
STREET ADDRESS	2700 BARNETT PLAZA	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASS, HILARIE	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESVINICK, LAURA	
STREET ADDRESS	1111 BRICKELL AVE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEAGIN, ROBERT II	
STREET ADDRESS	315 SOUTH CALHOUN STREET, STE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERSTEIN, JACKIE G	
STREET ADDRESS	800 NW 15 STREET	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	D	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Mr. Johnny Heitman</i>	
STREET ADDRESS	<i>2601 S. Bayshore Dr, Suite 600</i>	
CITY-ST-ZIP	<i>Coral Gables, FL 33133</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D of Life President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Dr. E. E. E. E. E.</i>	
STREET ADDRESS	<i>334 N. W. 15th Ave</i>	
CITY-ST-ZIP	<i>Coral Gables, FL 33134</i>	

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 #

*6/9/04 305 284-2961*