

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004611

FILED  
Mar 31, 2006  
Secretary of State

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

**Current Principal Place of Business:**

C/O ELLIOTT MANNING  
ROOM G266  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ELLIOTT MANNING  
P.O. BOX 248087  
CORAL GABLES, FL 331248087

**New Mailing Address:**

**FEI Number:** 65-0719038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARKIN, MARVIN E  
Address: 2700 BARNETT PLAZA  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: HOLTMAN, MAJORY  
Address: 20615 BAYSHORE DRIVE - SUITE 600  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: BESVINICK, LAURA  
Address: 1111 BRICKELL AVE  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: FEAGIN, ROBERT II  
Address: 315 SOUTH CALHOUN STREET, STE 600  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: GERSTEIN, JACKIE G  
Address: 800 NW 15 STREET  
City-St-Zip: MIAMI, FL 33136

Title: DVP ( ) Delete  
Name: MANON, OSCAR  
Address: 334 MINORIA BLVD  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLIOTT MANNING

MR

03/31/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date