

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90004 005 ***140.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005453					
1. Corporation Name MEN AND WOMEN UNITED FOR JUSTICE INCORPORATED					
Principal Place of Business 716 N. 19TH STREET PALATKA FL 32177 <i>(1016 ST. JOHNS AVE)</i>			Mailing Address 716 N. 19TH STREET PALATKA FL 32177 ↓		

2. Principal Place of Business 21 Palatka, FLORIDA		2a. Mailing Address 26 1016 ST. JOHNS AVE		3. Date Incorporated or Qualified 10/24/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3410540	
City & State 23 SEE MAILING ADDRESS		City & State 28 Palatka, FLA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip 29 32177		Country 30 FLORIDA			

9. Name and Address of Current Registered Agent MURRAY, AMOS JR., REV 716 N. 19TH STREET PALATKA FL 32177				10. Name and Address of New Registered Agent			
				81 Name LAWRENCE HUTCHERSON			
				82 Street Address (P.O. Box Number is Not Acceptable) 1016 ST. JOHNS AVENUE			
				83			
				84 City PALATKA FL 85 Zip Code 32177			

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 **LAWRENCE HUTCHERSON** *Lawrence Hutcherson* **Sept. 14, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	PD	☒ Change ☐ Addition	
NAME	MURRAY, AMOS JR. REV			1.2 NAME	HUTCHERSON, LAWRENCE		
STREET ADDRESS	716 N. 19TH STREET			1.3 STREET ADDRESS	1016 ST. JOHNS AVENUE		
CITY-ST-ZIP	PALATKA FL			1.4 CITY-ST-ZIP	PALATKA, FLA 32177		
TITLE	DVP	☐ DELETE		2.1 TITLE	DS	☒ Change ☐ Addition	
NAME	MCGRUFF, JAMES REV			2.2 NAME	SMITH, CHARLOTTE		
STREET ADDRESS	ROUTE 6, BOX 501 MAGNOLIA ST			2.3 STREET ADDRESS	1600 GREEN STREET		
CITY-ST-ZIP	PALATKA FL			2.4 CITY-ST-ZIP	PALATKA, FLA 32177		
TITLE	DT	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	NIXON, LEMON REV			3.2 NAME			
STREET ADDRESS	ROUTE 6 BOX 248 PHILLIPS DAIRY RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL			3.4 CITY-ST-ZIP			
TITLE	DS	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	HUTCHERSON, LAWRENCE			4.2 NAME			
STREET ADDRESS	APT 189 N 20TH ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: *Lawrence Hutcherson* **Sept. 14, 1999 (904) 325-7774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #