

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90029 048 ****61.25

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1. Corporation Name

THE ROSEWOOD JUSTICE CENTER, INC.

Principal Place of Business

13015 LOMBARDY ST.
SPRING HILL FL 34608

Mailing Address

13015 LOMBARDY ST.
SPRING HILL FL 34608



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/04/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

31-1520806

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI FL 33131

81 Name

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

83

84 City

FL

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

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 **D** ☐ DELETE
NAME **DOCTOR, ARNETT T**
STREET ADDRESS **13015 LOMBARDY ST.**
CITY-ST-ZIP **SPRING HILL FL 34608**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MILLER, LESLEY #103**
1.3 STREET ADDRESS **P.O. BOX 5993**
1.4 CITY-ST-ZIP **1302 N. 19th ST. TAMPA, FL 33675**

TITLE **D** ☐ DELETE
NAME **DRY, WALTER L**
STREET ADDRESS **3418 KNOTTY OAK CIR.**
CITY-ST-ZIP **SPRING HILL FL 34606**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **PETERS, JON**
2.3 STREET ADDRESS **4000 WARNER BLVD.**
2.4 CITY-ST-ZIP **91522**

TITLE **D** ☐ DELETE
NAME **GOODWIN, ROBERT**
STREET ADDRESS **1936 S. MARTIN LUTHER KING BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL 32307**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **POWELL, LILLIAN**
3.3 STREET ADDRESS **12445 DAUPHIN ISLAND**
3.4 CITY-ST-ZIP **CODEN, AL 36523**

TITLE **D** ☐ DELETE
NAME **JOSEPH, YVONNE**
STREET ADDRESS **1200 W. JEFFERSON ST., APT. #4**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Joseph, Yvonne**
4.3 STREET ADDRESS **P.O. Box 2022**
4.4 CITY-ST-ZIP **BROOKSVILLE, FL 34605**

TITLE **D** ☐ DELETE
NAME **KEENE, CECIL B**
STREET ADDRESS **4357 50TH AVE., S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711-4625**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **ROBINSON, Freddie L. Jr.**
5.3 STREET ADDRESS **7239 Hallowell Drive**
5.4 CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **D** ☐ DELETE
NAME **MCDONALD, MAE E**
STREET ADDRESS **4137 ROLLING SPRING DR.**
CITY-ST-ZIP **TAMPA FL 33624**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **RUSSELL, Leon**
6.3 STREET ADDRESS **315 COURT STREET**
6.4 CITY-ST-ZIP **CLEARWATER, FL 34616**

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: **WALTER DRY** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 352-666-9140

CR2E037 (1/98)