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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002855

1. Corporation Name

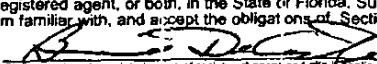
RESTORATIVE JUSTICE MINISTRY NETWORK OF FLORIDA, INC.

Principal Place of Business

 222 SW BROADWAY
 OCALA FL 34474

Mailing Address

 222 SW BROADWAY
 OCALA FL 34474


2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 29 30		2a. Mailing Address 26 PO Box 819 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30		3. Date Incorporated or Qualified 05/15/1998 4. FEI Number 59-3504590 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent STERMER, ROBERT A 8585 S.W. HWY. 200, SUITE 9 OCALA FL 34481				10. Name and Address of New Registered Agent 81 Name Bernie DeCastro 82 Street Address (P.O. Box Number is Not Acceptable) 222 SW Broadway 83 84 City Ocala FL 85 Zip Code 34474	
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  4/23/99 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE President ☐ Change ☒ Addition 1.2 NAME Bernie DeCastro 1.3 STREET ADDRESS 222 SW Broadway 1.4 CITY-ST-ZIP Ocala, FL 34474		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE Vice President ☐ Change ☒ Addition 2.2 NAME Emmett Solomon 2.3 STREET ADDRESS 1232 Avenue J 2.4 CITY-ST-ZIP Huntsville, TX 77340		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE John Glenn ☐ Change ☒ Addition 3.2 NAME John Glenn 3.3 STREET ADDRESS 7000 SE 128th Avenue 3.4 CITY-ST-ZIP Okeechobee, FL 34974		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

(888) 256-6895

Date

Daytime Phone

CR2E037 (11/98)