NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91327 029 ****70.00

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Entity Name
RESTORATIVE JUSTICE MINISTRY NETWORK OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17290 REWIS ROAD	POST OFFICE BOX 1001
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City, State	City, State
ALVA, FL	ALVA, FL
Zip / Country	Zip / Country
33920 USA	33920 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3504990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
RANDOLPH A. WOOD
17290 REWIS ROAD (P.O. Box is Not Acceptable)
City ALVA FL 33920

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: Randolph A. Wood RANDOLPH A. WOOD, REGIST. AGENT 05/01/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $01.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

TITLE: T/D NAME: RANDOLPH A. WOOD STREET ADDRESS: 17290 REWIS RD (PO BX 45) CITY-ST-ZIP: ALVA, FL 33920-0045	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: PD NAME: DICK CROCKETT STREET ADDRESS: 17290 REWIS RD (PO BOX 1001) CITY-ST-ZIP: ALVA, FL 33920	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPD NAME: EMMETT SOLOMAN STREET ADDRESS: 1232 AVENUE J CITY-ST-ZIP: HUNTSVILLE TX 77340	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: JOHN GLENN STREET ADDRESS: 7000 SE 128TH AVE CITY-ST-ZIP: OKEECHOBEE FL 34974	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Randolph A. Wood RANDOLPH A. WOOD 05/01/02 239-728-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #