

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002855

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** RESTORATIVE JUSTICE MINISTRY NETWORK OF FLORIDA, INC.

**Current Principal Place of Business:**

17290 REWIS ROAD  
ALVA, FL 33920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1001  
ALVA, FL 33920

**New Mailing Address:**

**FEI Number:** 59-3504589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOOD, RANDOLPH  
17290 REWIS ROAD  
ALVA, FL 33920

**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: TD ( ) Delete  
Name: WOOD, RANDOLPH  
Address: 17290 REWIS ROAD (P.O BOX 45)  
City-St-Zip: ALVA, FL 339200045

Title: PD ( ) Delete  
Name: CROCKET, DICK  
Address: 17290 REWIS ROAD (P.O BOX 1001)  
City-St-Zip: ALVA, FL 33920

Title: D ( ) Delete  
Name: GLENN, JOHN  
Address: 7000 SE 128TH AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: VPD ( ) Delete  
Name: SOLOMAN, EMMETT  
Address: 1232 AVENUE J  
City-St-Zip: HUNTSVILLE, TX 77340

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: TD (X) Change ( ) Addition  
Name: WOOD, RANDOLPH  
Address: 17290 REWIS ROAD  
City-St-Zip: ALVA, FL 339200045

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: D ( ) Change (X) Addition  
Name: NELSON, AUDRA  
Address: 4074 RAINBOW CIR. (P.O. BOX 2264)  
City-St-Zip: LABELLE, FL 33975

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DICK CROCKETT

PD

05/03/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date