

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004632

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: JUSTICE FOR ALL, INC.

## Current Principal Place of Business:

1510 EAST COLONIAL DRIVE  
SUITE 210  
ORLANDO, FL 32803

## New Principal Place of Business:

## Current Mailing Address:

1510 EAST COLONIAL DRIVE  
SUITE 210  
ORLANDO, FL 32803

## New Mailing Address:

FEI Number: 59-3593555      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDARGE, FOZIA M  
315 ALSTON DRIVE  
ORLANDO, FL 32835      US

## 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: DV ( ) Delete  
Name: ANDARGE, FOZIA M  
Address: 1163 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DC ( ) Delete  
Name: ANDARGE, HAILE D  
Address: 1163 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV ( ) Delete  
Name: ENGLISH, TIMOTHY W  
Address: 11933 SANDGATE DRIVE  
City-St-Zip: CHESTERLAND, OH 44026

Title: DT ( ) Delete  
Name: SMITH, TWILA  
Address: 3769 EVERHOLT ST  
City-St-Zip: CLERMONT, FL 34711

Title: DT ( ) Delete  
Name: DEMEKE, TSEHAY  
Address: 325 DARTMOUTH AVENUE, #H-1  
City-St-Zip: SWARTHMORE, PA 19081

Title: DP ( ) Delete  
Name: SMITH, THOMAS  
Address: 3769 EVERHOLT ST  
City-St-Zip: CLERMONT, FL 34711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ANDARGE, FOZIA M  
Address: 1163 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: P (X) Change ( ) Addition  
Name: ANDARGE, HAILE D  
Address: 1163 HAWKSLADE CT  
City-St-Zip: WINTER GARDEN, FL 34787

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FOZIA ANDARGE

VP

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date