

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 28 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00929 (2)

1. Corporation Name
INNERCORRECTIONS, INC.



Principal Place of Business Mailing Address
P O BOX 10242 TALLAHASSEE FL 32302 US **P O BOX 10242 TALLAHASSEE FL 32302-2242 US**

3. Date Incorporated or Qualified **01/16/1984** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2371718** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMONICA, DON
900 HILLCREST CT
TALLAHASSEE FL 32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMONICA, DON	
STREET ADDRESS	900 HILLCREST COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, STEVE	
STREET ADDRESS	5700 S.W. 34TH STREET, SUITE 323	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, CARL	
STREET ADDRESS	3444 JONATHAN'S LANDING	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHIEBLER, GEROLD L.	
STREET ADDRESS	2115 N.W. 15TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARMER, ANN E.	
STREET ADDRESS	6331 SW 21ST TERR	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laura McLeod Lamonica	
1.3 STREET ADDRESS	900 Hillcrest Court	
1.4 CITY-ST-ZIP	Tallahassee, FL 32308	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Kuczwanski	
2.3 STREET ADDRESS	200 B South Monroe St	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/17/97 (904) 224-8282

CR2E037 (9/96)