

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

99 MAY -6 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007631

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00929
1. Corporation Name
INNERCORRECTIONS, INC.

Principal Place of Business: P O BOX 10242, TALLAHASSEE FL 32302, US
Mailing Address: P O BOX 10242, TALLAHASSEE FL 32302, US



| | | |
|---------------------------------|-------------------------|---|
| 21. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/16/1984 |
| 22. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number 59-2371718 |
| 23. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 28. Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 25. Country | 29. Country | |
| 30. Country | | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent LAMONICA, DON 900 HILLCREST CT TALLAHASSEE FL 32308 | 10. Name and Address of New Registered Agent |
| | 81. Name |
| | 82. Street Address (P.O. Box Number Is Not Acceptable) |
| | 83. |
| | 84. City |
| | 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PS <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMONICA, LAURA M | 1.2 NAME | |
| STREET ADDRESS | 900 HILLCREST CT. | 1.3 STREET ADDRESS | 500002888315--4 |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.4 CITY-ST-ZIP | -05/07/99--01143--003 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMONICA, DON F | 2.2 NAME | |
| STREET ADDRESS | 200-B SOUTH MONROE ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRAMMELL, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 200 B SOUTH MONROE STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Patrick E. Bell | 4.2 NAME | |
| STREET ADDRESS | 200 B South Monroe St. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Tallahassee FL 32301 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 for 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]* 5-1-99 2248282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)

AB516