

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000004009

1. Entity Name  
AMERICAN CENTER FOR LAW AND JUSTICE, INC.



Principal Place of Business  
1000 REGENT UNIVERSITY DRIVE  
VIRGINA BEACH, VA 23464

Mailing Address  
1000 REGENT UNIVERSITY DRIVE  
VIRGINA BEACH, VA 23464



03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-1586817

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROBERTSON, M.G.  
1000 REGENT UNIVERSITY DRIVE  
VIRGINA BEACH, VA 23464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOD  
SEKULOW, JAY A  
1000 REGENT UNIVERSITY DRIVE  
VIRGINA BEACH, VA 23464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MONAGHAN, THOMAS P  
P.O. BOX 60  
NEW HOPE, KY 40052

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFOT  
SEKULOW, GARY  
4500 HUGH HOWELL RD STE 410  
TUCKER, GA 30084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MURPHY, JAMES E  
1000 REGENT UNIVERSITY DRIVE  
VIRGINA BEACH, VA 23464

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000679876  
04/03/07-80055-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 (757) 226-2814

Date

Daytime Phone #