

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000559

**Entity Name:** FLORIDA JUVENILE JUSTICE FOUNDATION, INC.**Current Principal Place of Business:**2737 CENTERVIEW DR.  
STE 3100  
TALLAHASSEE, FL 32399-3100**Current Mailing Address:**2737 CENTERVIEW DR.  
STE 3100  
TALLAHASSEE, FL 32399-3100**FEI Number:** 59-3623272**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAY, CAROLINE KIRKLAND MS.  
2737 CENTERVIEW DRIVE  
STE 3100  
TALLAHASSEE, FL 32399-3100 US*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:** CAROLINE K. RAY

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MITCHELL, PAUL  
Address        PO BOX 10570  
City-State-Zip: TALLAHASSEE FL 32302

Title            MR.  
Name            PLANT, PETER  
Address        6206 FORRESTAL DRIVE  
City-State-Zip: TAMPA FL 33625

Title            MR  
Name            MUHAMMAD, TADAR  
Address        1201 15TH STREET NW  
City-State-Zip: WASHINGTON DC 20005

Title            MS  
Name            MAYS, DOREA  
Address        8990 INTERNATTIONAL DRIVE  
STE 200  
City-State-Zip: ORLANDO FL 32819

Title            MS  
Name            IVORY, LISA  
Address        17427SW 28 COURT  
City-State-Zip: MIRAMAR FL 33029

Title            MR  
Name            ROOSA, ALLEN  
Address        201 TAVESTOCK LOOP  
City-State-Zip: WINTER SPRINGS FL 32708

Title            MR  
Name            LANE, CINDY PASTOR  
Address        17030 LAKESHORE ROAD  
City-State-Zip: LUTZ FL 33558

Title            MS  
Name            MAY, MONICA  
Address        4192 N JOHN YOUNG PKWY  
City-State-Zip: ORLANDO FL 32804

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAROLINE RAY

EXECUTIVE DIRECTOR

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title MS  
Name WALTERS, WANSLEY  
Address 403 E PARK AVE  
City-State-Zip: TALLAHASSEE FL 32301

Title MS.  
Name RAY, CAROLINE KIRKLAND  
Address 2737 CENTERVIEW DR.  
STE 3100  
City-State-Zip: TALLAHASSEE FL 32399-3100