

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007500

Entity Name: FLORIDA JUSTICE FOR OUR NEIGHBORS, INC.**Current Principal Place of Business:**536 CORAL WAY
SE DISTRICT OFFICE
CORAL GABLES, FL 33134**Current Mailing Address:**FL JFON
PO BOX 160538
MIAMI, FL 33116 US**FEI Number:** 82-2266526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HORMAN, JANET L REV.
536 CORAL WAY
FLJFON C/O SE DISTRICT OFFICE
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CH.
Name	QUALLS, PAMELA S
Address	14133 JOEL COURT
City-State-Zip:	LARGO FL 33774

Title	DS
Name	WEEMS, CYNTHIA DR.
Address	SE DISTRICT OFFICE 536 CORAL WAY
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	FRIED, JONATHAN MR.
Address	536 CORAL WAY SE DISTRICT OFFICE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	ASPINWALL, HEIDI MS.
Address	536 CORAL WAY SE DISTRICT OFFICE
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	REYES, WILMA REV
Address	KILLIAN PINES UMC 10755 SW 112 STREET
City-State-Zip:	MIAMI FL 33176

Title	EXEC DIRECTOR
Name	HORMAN, JANET
Address	PO BOX 160538
City-State-Zip:	MIAMI FL 33116

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: PAMELA S QUALLS

CHAIR

06/11/2020

Electronic Signature of Signing Officer/Director Detail_____
Date