


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90004 005 ***140.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005453
 1. Corporation Name
MEN AND WOMEN UNITED FOR JUSTICE INCORPORATED

* 6 1 17643 7 6 6004 4 3 *

Principal Place of Business
 716 N. 19TH STREET
 PALATKA FL 32177

Mailing Address
 716 N. 19TH STREET
 PALATKA FL 32177



21. Principal Place of Business Palatka, Florida	2a. Mailing Address 1016 St. Johns Ave	3. Date Incorporated or Qualified 10/24/1996
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3410540
23. City & State SEE MAILING ADDRESS	27. City & State Palatka, FLA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 32177	29. Zip 32177	30. Country FLORIDA
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MURRAY, AMOS JR., REV 716 N. 19TH STREET PALATKA FL 32177		10. Name and Address of New Registered Agent	
81. Name LAWRENCE HUTCHERSON	82. Street Address (P.O. Box Number is Not Acceptable) 1016 ST. JOHNS AVENUE	83.	84. City PALATKA
		85. Zip Code FL 32177	

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 **LAWRENCE HUTCHERSON** *Lawrence Hutcherson* **Sept. 14, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURRAY, AMOS JR. REV		1.2 NAME HUTCHERSON, LAWRENCE	
STREET ADDRESS 716 N. 19TH STREET		1.3 STREET ADDRESS 1016 STI JOHNS AVENUE	
CITY-ST-ZIP PALATKA FL		1.4 CITY-ST-ZIP PALATKA, FLA 32177	
TITLE DVP	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Addition
NAME MCGRIFF, JAMES REV		2.2 NAME SMITH, CHARLOTTE	
STREET ADDRESS ROUTE 6, BOX 501 MAGNOLIA ST		2.3 STREET ADDRESS 1600 GREEN STREET	
CITY-ST-ZIP PALATKA FL		2.4 CITY-ST-ZIP PALATKA, FLA 32177	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NIXON, LEMON REV		3.2 NAME	
STREET ADDRESS ROUTE 6 BOX 248 PHILLIPS DAIRY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP PALATKA FL		3.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUTCHERSON, LAWRENCE		4.2 NAME	
STREET ADDRESS APT 189 N 20TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP PALATKA FL		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 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, with all other like empowered.

SIGNATURE: *Lawrence Hutcherson* **Sept. 14, 1999 (904) 325-7774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #

CPDEN37 (5/00)