

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002385

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** EDMUNDS PROGRAMS FOR HUMAN SERVICES, INCORPORATED

**Current Principal Place of Business:**

655 JACKSON STREET  
BARTOW, FL 33831

**New Principal Place of Business:**

3138 CAMELOT DR.  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 1572  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 38-2947606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDMUNDS, JAMILA  
655 JACKSON STREET  
BARTOW, FL 33831 US

**Name and Address of New Registered Agent:**

EDMUNDS, JAMILA  
3138 CAMELOT DR.  
HAINES CITY, FL 33844 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: JAMILA EDMUNDS

04/29/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MORROW, JENNIFER  
Address: 1025 MORNING STAR DR.  
City-St-Zip: LAKE LAND, FL 33810

Title: VC ( ) Delete  
Name: BRAVO UVANNI, MARIA  
Address: 1108 E. DAVONSHIRE LANE  
City-St-Zip: LAKE LAND, FL 33813

Title: SEC. ( ) Delete  
Name: SALZMAN, MARLYNN  
Address: FIRST BAPTIST CHURCH 198 W. CENTRAL AVE S  
City-St-Zip: WINTER HAVEN, FL 33881

Title: CEO ( ) Delete  
Name: EDMUNDS, JAMILA  
Address: P.O. BOX 1572  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: EDMUNDS, THOMAS J  
Address: P.O. BOX 1572  
City-St-Zip: WINDERMERE, FL 34786

Title: T ( ) Delete  
Name: DOBSON, KATHERINE  
Address: 4940 WILD FLOWER DR.  
City-St-Zip: LAKE LAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMILA EDMUNDS

CEO

04/29/2005

Electronic Signature of Signing Officer or Director

Date