

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002385

FILED  
Apr 25, 2008  
Secretary of State

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

**Current Principal Place of Business:**

3138 CAMELOT DR.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 421436  
KISSIMMEE, FL 34742

**New Mailing Address:**

1631 ROCKSPRINGS RD  
SUITE 120  
APOPKA, FL 32712

**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 DR.  
3138 CAMELOT DR.  
HAINES CITY, FL 33844 US

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

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

**OFFICERS AND DIRECTORS:**

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

Title: SEC. ( ) Delete  
Name: EDMUNDS, THOMAS J 11  
Address: P.O. BOX 421436  
City-St-Zip: KISSIMMEE, FL 34742

Title: CEO ( ) Delete  
Name: EDMUNDS, JAMILA DR.  
Address: P.O. BOX 421436  
City-St-Zip: KISSIMMEE, FL 34742

Title: T (X) Delete  
Name: DOBBON, 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: CEO (X) Change ( ) Addition  
Name: EDMUNDS, JAMILA DR.  
Address: 1631 ROCK SPRINGS RD #120  
City-St-Zip: APOPKA, FL 32712

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DR. JAMILA EDMUNDS

CEO

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date