

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90118 020 ****61.25

0016596

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1. Entity Name

**EDMUNDS PROGRAMS FOR HUMAN SERVICES, INCORPORATE
D**



Principal Place of Business

**1035 WOOD SONG WAY
CLERMONT FL 34711**

Mailing Address

**13620 LAKE CAWOOD DR.
WINDERMERE FL 34786**

2. Principal Place of Business

1035 Wood song way

3. Mailing Address

P.O. Box 1572

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

CLERMONT FL 34711

City & State

WINDERMERE FL

4. FEI Number **38-2947606**

Applied For

☒ Not Applicable

Zip
34711

Country
US

Zip
34786

Country
US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EDMUNDS, JAMILA
1035 WOOD SONG WAY
CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jamila R. Edmunds

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **CLEMENTS, LATOYA**
STREET ADDRESS **1035 WOODSONG WAY**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VC** ☐ Delete
NAME **HAYWARD, HELEN**
STREET ADDRESS **2598 ROOSEVELT RD.**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **D** ☐ Delete
NAME **ANDERSON, JUDY**
STREET ADDRESS **2304 N. ROXBURY RD.**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **PS** ☐ Delete
NAME **EDMUNDS, JAMILA**
STREET ADDRESS **13620 LAKE CAWOOD DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **V** ☐ Delete
NAME **CRAWFORD, RHONDA**
STREET ADDRESS **3977 EDWIN**
CITY-ST-ZIP **HAMTRAMCK MI 48212**

TITLE **T** ☐ Delete
NAME **EDMUNDS, THOMAS J II**
STREET ADDRESS **13620 LAKE CAWOOD DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **PS EDMUNDS, JAMILA**
STREET ADDRESS **PO BOX 1572**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **T EDMUNDS, THOMAS J II**
STREET ADDRESS **PO BOX 1572**
CITY-ST-ZIP **WINDERMERE FL 34786**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jamila R. Edmunds **REQUIRED JAMILA EDMUNDS 7-18-03**

CR2E037 (4/03)