2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002092

FILED Feb 15, 2007 Secretary of State

Entity Name: DUVAL REGIONAL JUVENILE DETENTION CENTER ADVISORY BOARD, INC.

Current Principal Place of Business:		New Principal Place of Business:	
1241 EAST 8TH STREET JACKSONVILLE, FL 32206			
Current Ma	ailing Address:	New Mailing Address:	
1241 EAST 8TH STREET JACKSONVILLE, FL 32206			
FEI Number:	43-2049497 FEI Number Applied For () FEI N	umber Not Applicable()	Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
RUSS, RICHARD 601 KINGS RIDGE CT N JACKSONVILLE, FL 32206 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
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete EZELL, ANNIE 30 W 4TH ST JACKSONVILLE, FL 32206	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete MITCHELL, SOLLIE 4009 GILLISLEE DR JACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete STEWARD, LOUIS 1135 EAST 8TH STREET JACKSONVILLE, FL 32206	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete WASHINGTON, ERNEST 2636 VERNON STREET JACKSONVILLE, FL 32209	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete SMITH, LINDA 5825 KINLOCK DR JACKSONVILLE, FL 32219	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete GAUTIER, GAUTHIER 502 LAVENTURA DR JACKSONVILLE, FL 32210	Title: Name: Address: City-St-Zip:	() Change() Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD RUSS REV 02/15/2007