2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90011 034 ****70.00

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1. Entity Name

DUVAL REGIONAL JUVENILE DETENTION CENTER ADVISORY BOARD, INC.

Principal Place of Business	Mailing Address
1241 EAST 8TH STREET JACKSONVILLE FL 32206	1241 EAST 8TH STREET JACKSONVILLE FL 32206

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-2049497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSS, RICHARD 11601 KINGS RIDGE CT N JACKSONVILLE FL 32206	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EZELL, ANNIE 30 W 4TH ST JACKSONVILLE FL 32206	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH JOHNSON 1810 WEST 27th ST. JACKSONVILLE, FL 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, SOLLIE 4009 GILLISLEE DR JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWARD, LOUISE 1135 EAST 8TH STREET JACKSONVILLE FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASHINGTON, ERNEST 2636 VERNON STREET JACKSONVILLE FL 32209	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JIMMIE RICHARDSON 5556 GILCHRIST RD. JACKSONVILLE, FL 32219	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LINDA 5825 KINLOCK DR JACKSONVILLE FL 32219	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GWEN HAMILTON 10978 ACORN PARK COURT JACKSONVILLE, FL 32218	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUTIER, GAUTHIER 502 LAVENTURA DR JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Sallie Whitehead 4-1-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #