

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

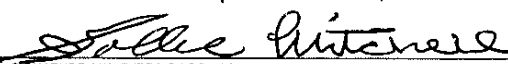
FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 034 ****70.00

DOCUMENT # N04000002092			
1. Entity Name DUVAL REGIONAL JUVENILE DETENTION CENTER ADVISORY BOARD, INC.			
Principal Place of Business 1241 EAST 8TH STREET JACKSONVILLE FL 32206		Mailing Address 1241 EAST 8TH STREET JACKSONVILLE FL 32206	
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
6. Name and Address of Current Registered Agent RUSS, RICHARD 11601 KINGS RIDGE CT N JACKSONVILLE FL 32206		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 _____ Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) 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	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	EZELL, ANNIE	NAME	JOSEPH JOHNSON
STREET ADDRESS	30 W 4TH ST	STREET ADDRESS	1810 WEST 27th ST.
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MITCHELL, SOLLIE	NAME	
STREET ADDRESS	4009 GILLISLEE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEWART, LOUISE	NAME	
STREET ADDRESS	1135 EAST 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	WASHINGTON, ERNEST	NAME	JIMMIE RICHARDSON
STREET ADDRESS	2636 VERNON STREET	STREET ADDRESS	5556 GILCHRIST RD.
CITY-ST-ZIP	JACKSONVILLE FL 32209	CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	SMITH, LINDA	NAME	GWEN HAMILTON
STREET ADDRESS	5825 KINLOCK DR	STREET ADDRESS	10978 ACORN PARK COURT
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAUTIER, GAUTHIER	NAME	
STREET ADDRESS	502 LAVENTURA DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	CITY-ST-ZIP	

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:  **4-1-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date