2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State
07-11-2006 90016 018 ****70.00

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1. Entity Name
THORMINC COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
11532 BIRCH FOREST CIRCLE E JACKSONVILLE, FL 32218	PO BOX 28338 JACKSONVILLE, FL 32226

2. Principal Place of Business	3. Mailing Address
2137 LIBERTY STREET Suite, Apt. #, etc.	P.O. Box 28338 Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32206 Country:	Zip: 32226 Country:

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07062006 Chg-NP CR2E037 (4/06)

4. FEI Number: 30-0305102 ☐ 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
BUSH, JACOB JR 11532 BIRCH FOREST CIRCLE E JACKSONVILLE, FL 32218	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

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 BUSH, JACOB 11532 BIRCH FOREST CIRCLE E JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bush, JACOB JR. 11532 Birch Forest Cir. E. Jacksonville, Fl 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHRAN, MIKE 5344 YERKES ST JACKSONVILLE, FL 32205	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tyra Wilkerson-Sec/Treas 3004 W. 9th St. Jacksonville, Fl 32254	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, WALTER 11532 BIRCH FOREST CIRCLE E JACKSONVILLE, FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Johnson, Walter-member 7925 Merrill Rd. Jacksonville, Fl 32277	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPES, JENNA 126 W ADAMS STREET JACKSONVILLE, FL 32202	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ted Kelly - vice President 1758 Cesery Blvd Jacksonville Blvd. 32211	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, CORNELL 622 W UNION ST JACKSONVILLE, FL 32202	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Sulzbacher-President 5467 Grand Cayman Rd Jacksonville, Fl 32226	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULZBACHER, SUSAN 5467 GRAND CAYMAN RD JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Anthony Wache-member 1506 Ribault Scenic Dr. Jacksonville, Fl 32208	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jacob Bush Jr. 7/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #