

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N05000005601

1. Entity Name

THORMINC COMMUNITY DEVELOPMENT  
CORPORATION



Principal Place of Business

2137 LIBERTY STREET  
JACKSONVILLE, FL 32206

Mailing Address

PO BOX 28338  
JACKSONVILLE, FL 32226



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number

30-0305102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BUSH, JACOB JR  
11532 BIRCH FOREST CIRCLE E  
JACKSONVILLE, FL 32218

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BUSH, JACOB JR  
11532 BIRCH FOREST CIRCLE E  
JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TREA  
WILKERSON, TYRA  
3004 W. 9TH STREET  
JACKSONVILLE, FL 32254

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
SULZBACHER, SUSAN  
5467 GRAND CAYMAN RD  
JACKSONVILLE, FL 32226

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000893006  
04/23/08-80088-010 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Cassandra Bush / Executive Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/9/08*

Daytime Phone #