

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16716

FILED
Jan 08, 2007
Secretary of State

Entity Name: DUVAL TEACHERS UNITED, INC.

Current Principal Place of Business:

1601 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1601 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1547701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, TERRIE
1601 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: EVPD () Delete
Name: RUBY, GEORGE
Address: 1601 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: CUMMINGS, SARA
Address: 615 15TH ST. N.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete
Name: FRIEND, JAN
Address: 1263 NIPIGON AVENUE NORTH
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD () Delete
Name: BENJAMIN, CYNTHIA
Address: 10606 BISCAYNE BLVD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD () Delete
Name: VIERS, B. J.
Address: 1042 BIG PINE KEY
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VD () Delete
Name: KIRKLAND, GARY
Address: 1811 INDIAN WOODS DR
City-St-Zip: NEPTUNE BEACH, FL 322665905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN EDGECOMBE

CPA

01/08/2007

Electronic Signature of Signing Officer or Director

Date