

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16716

FILED  
Jan 09, 2008  
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:

Title: VPD (X) Change ( ) Addition  
Name: MARSHALL, SANDI  
Address: 555 MCCARGO ST SOUTH  
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: TERRIE BRADY

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date