

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001971

FILED  
Jun 30, 2009  
Secretary of State

Entity Name: J.U.T.E., INC.

## Current Principal Place of Business:

903S. SCOTT AVENUE  
SANFORD, FL 32771 US

## New Principal Place of Business:

## Current Mailing Address:

903S. SCOTT AVENUE  
SANFORD, FL 32771 US

## New Mailing Address:

FEI Number: 59-3180461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOHNSON, KIRK A  
543 CARAMBOLA AVENUE  
ALTAMONTE SPRINGS, FL 32714 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: PRES ( ) Delete  
Name: KIRK, JOHNSON  
Address: 4709 CAMEL STREET  
City-St-Zip: ORLANDO, FL 32808 US

Title: SEC ( ) Delete  
Name: FUDGE, LAURETHA  
Address: 903S. SCOTT AVENUE  
City-St-Zip: SANFORD, FL 32771 US

Title: VP (X) Delete  
Name: ANINYEI, VALENTINA  
Address: 2530 OMAHA DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: DIR. ( ) Delete  
Name: HARRIS, TESSA E  
Address: 903 S. SCOTT AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete  
Name: LYTTLE, ROBERT  
Address: 903S. SCOTT AVENUE  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: TESSA E. HARRIS

EXEC

06/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date