

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91870 001 ***272.50

DOCUMENT # N95000001038

1. Entity Name

TRU-DEVELOPMENT AND HUMAN SERVICES, INC.



Principal Place of Business

**2297 EDISON AVENUE
JACKSONVILLE FL 32204**

Mailing Address

**2297 EDISON AVENUE
JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3300383**

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

**JENKINS, ELWYN W
7155 HYDE GROVE AVENUE
JACKSONVILLE FL 32210**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 | PD | <input type="checkbox"/> Delete |
| NAME | JENKINS, ELWYN W | |
| STREET ADDRESS | 7155 HYDE GROVE AVENUE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | SALARY, MARVA | |
| STREET ADDRESS | 6825 RHODE ISLAND DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | STD-DIXSON | <input type="checkbox"/> Delete |
| NAME | ALEXANDER, CHERAL | |
| STREET ADDRESS | 7412 JOHN F. KENNEDY DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32219 | |
| TITLE | TT | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, EVERETT | |
| STREET ADDRESS | 368 TALLULAH AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32208 | |
| TITLE | TT | <input type="checkbox"/> Delete |
| NAME | JENKINS, MICHAEL | |
| STREET ADDRESS | 2319 MCCARTY DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIXSON, Cheral |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: E. JENKINS, ELWYN W. JENKINS 04/25/03 904-791-9912

CR2E037 (10/02)