

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # 729918 (3)

1. Corporation Name

RIVERSIDE-AVONDALE PRESERVATION, INC.



100001799001
-04/29/96-01072--026

Principal Place of Business

Mailing Address

2623 HERSCHEL ST
JACKSONVILLE FL 32204
US

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JACKSONVILLE FL 32204
US

3. Date Incorporated or Qualified
06/11/1974

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 **2623 Herschel St.**

26 **2623 Herschel St.**

4. FEI Number
59-6555835

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

Jacksonville, FL.

Jacksonville, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

32204

Duval

32204

Duval

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEMIND, LINDA
3300 BARNETT CENTER
JACKSONVILLE FL 32202

81 Name **Hogan, Leslie L.**
82 Street Address (P.O. Box Number is Not Acceptable) **60 N. Laura Street S 3300**
83
84 City **Jacksonville** FL 85 Zip Code **32202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Leslie L. Hogan*

DATE **4/10/96**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
VP	SPINKS, JERRY R	3215 OAK ST	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VP	CORRIGAN, MICHAEL	1464 AVONDALE AVE	JACKSONVILLE FL	<input checked="" type="checkbox"/>
S	MITROVKA, JOHN	3244 PARK ST	JACKSONVILLE FL	<input checked="" type="checkbox"/>
T	WHITE, SOPHONIA	1290 TALBOT AVE.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	CHAPMAN, DANIEL	3583 HERSCHEL ST.	JACKSONVILLE FL	<input checked="" type="checkbox"/>
D	MITROVKA, DEBORAH	3244 PARK ST.	JACKSONVILLE FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Chairman	Michael Jr. Corrigan	1464 Avondale Avenue	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice Chair	Snipes, Robin	1938 Hamilton Street	Jacksonville, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Hawkins, David S	1863 Powell Place	Jacksonville, FL 32204	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Paul J. Oroutie	1292 Avondale Ave	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Member-at-large	Grandin, Susan C.	1332 Avondale Avenue	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Member-at-large	Barnett, Peggy	1581 Avondale Avenue	Jacksonville, FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-10-96** DAYTIME PHONE # **904-389-2449**
DATE **4/28/96**

CR2E037 (12/95)