

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729918** (3)  
 1. Corporation Name  
**RIVERSIDE-AVONDALE PRESERVATION, INC.**



Principal Place of Business 2623 HERSHEL ST JACKSONVILLE FL 32204 US	Mailing Address 2623 HERSHEL ST JACKSONVILLE FL 32204 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/11/1974</b>	3a. Date of Last Report <b>04/28/1996</b>
4. FEI Number <b>59-6555835</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**HOGAN, LESLIE L**  
**50 N. LAURA STREET S 3300**  
**JACKSONVILLE FL 32202**

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

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** July 18, 1997  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> DELETE <b>CORRIGAN, MICHAEL JR</b> <b>1464 AVONDALE AVENUE</b> <b>JACKSONVILLE FL 32205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> DELETE <b>CORRIGAN, MICHAEL</b> <b>1938 HAMILTON STREET</b> <b>JACKSONVILLE FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> DELETE <b>HAWKINS, DAVID</b> <b>1883 POWELL PLACE</b> <b>JACKSONVILLE FL 32204</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> DELETE <b>OROUBIE, PAUL J Droubie, Paul J.</b> <b>1292 AVONDALE AVE</b> <b>JACKSONVILLE FL 32205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>GRANDIN, SUSAN C</b> <b>1332 AVONDALE AVENUE</b> <b>JACKSONVILLE FL 32205</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BARNETT, PEGGY</b> <b>1531 AVONDALE AVENUE</b> <b>JACKSONVILLE FL 32205</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Peggy Burnett</b> <b>1531 Avondale Avenue</b> <b>Jacksonville, FL 32205</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robin A. Snipes</b> <b>1938 Hamilton Street</b> <b>Jacksonville, FL 32210</b>

14. I do 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 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 REQUIRED** July 18, 1997 (904) 353-5936

CR2E037 (4/97)