


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 HERSCHEL ST JACKSONVILLE FL 32204 US	Mailing Address 2623 HERSCHEL ST JACKSONVILLE FL 32204 US
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3. Date Incorporated or Qualified 06/11/1974	
4. FEI Number 59-6555835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
HOGAN, LESLIE L
50 N LAURA ST S 3300
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 Name
Bonnie T. Grissett
82 Street Address (P.O. Box Number is Not Acceptable)
2623 Herschel St
83
84 City
Jacksonville FL 85 Zip Code
32204

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: *Bonnie T. Grissett* Bonnie T. Grissett, Executive Director 4-30-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CORRIGAN, MICHAEL JR	
STREET ADDRESS	1484 AVONDALE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, PEGGY	
STREET ADDRESS	1531 AVONDALE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, DAVID	
STREET ADDRESS	1883 POWELL PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DROUBIE, PAUL J	
STREET ADDRESS	1292 AVONDALE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANDIN, SUSAN C	
STREET ADDRESS	1332 AVONDALE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNIPES, ROBIN A	
STREET ADDRESS	1838 HAMILTON ST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Margaret M. Burnett	
1.3 STREET ADDRESS	1531 Avondale Avenue	
1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sarah Sharp	
2.3 STREET ADDRESS	3804 St. Johns Ave	
2.4 CITY-ST-ZIP	Jacksonville, FL 32205	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeanne Marie Miller	
3.3 STREET ADDRESS	1359 Belvedere Ave	
3.4 CITY-ST-ZIP	Jacksonville, FL 32205	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bernard E. Smith	
4.3 STREET ADDRESS	1481 Avondale Ave	
4.4 CITY-ST-ZIP	Jacksonville, FL 32205	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James J. McGovern	
5.3 STREET ADDRESS	1833 Willowbranch Ave	
5.4 CITY-ST-ZIP	Jacksonville, FL 32205	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	James J. McGovern	
6.3 STREET ADDRESS	1833 Willowbranch Ave	
6.4 CITY-ST-ZIP	Jacksonville, FL 32205	

14. 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 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: *James J. McGovern*

4/30/98

CR2E037 (10/97)