

FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90023 025 \*\*\*\*61.25

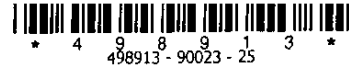
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729918

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6555835
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

\$8.75 Additional Fee Required  
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOGAN, LESLIE L 50 N LAURA ST S 3300 JACKSONVILLE FL 32202				81 Name	Bonnie T. Grissett		
				82 Street Address (P.O. Box Number is Not Acceptable)	2623 Herschel St		
				83	Jacksonville, FL 32204		
				84 City	Jacksonville	85 Zip Code	FL 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 DATE: 4-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	p <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, M M	1.2 NAME	James J. McGovern
STREET ADDRESS	1531 AVONDALE AVE	1.3 STREET ADDRESS	1833 Willowbranch Terr
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, S	2.2 NAME	David Hawkins
STREET ADDRESS	3804 ST JOHNS AVE	2.3 STREET ADDRESS	1428 Windsor Pl
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, J M	3.2 NAME	Peggy Kennon
STREET ADDRESS	1359 BELEVEDERE AVE	3.3 STREET ADDRESS	1854 Ingleside Ave
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, B E	4.2 NAME	
STREET ADDRESS	1481 AVONDALE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDIN, SUSAN C	5.2 NAME	
STREET ADDRESS	1332 AVONDALE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, J J	6.2 NAME	Suzanne Schlitzer
STREET ADDRESS	1833 WILLOWBRANCH AVE	6.3 STREET ADDRESS	2264 Post St
CITY-ST-ZIP	JACKSONVILLE FL 32205	6.4 CITY-ST-ZIP	Jacksonville, FL 32204

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, with all other like empowered.

SIGNATURE: *Bonnie T. Grissett* Bonnie T. Grissett Executive Director 904-389-2449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-29-99 Daytime Phone #

CR2E037 (11/98)