

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729918

FILED
Mar 03, 2006
Secretary of State

Entity Name: RIVERSIDE-AVONDALE PRESERVATION, INC.

Current Principal Place of Business:

2623 HERSCHEL ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2623 HERSCHEL ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-6555835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRISSETT, BONNIE T
2623 HERSCHEL ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOGUE, JORDAN
Address: 1705 SEMINOLE ROAD
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: S () Delete
Name: SHAD, JACK
Address: 2826 OAK ST
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: T () Delete
Name: WILLIAMS, RILEY
Address: 1271 WINDSOR PL
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: PURDIE, JOANN F
Address: 2210 ST JOHNS AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: GUY, CINDY
Address: 1402 EDGEWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: D () Delete
Name: BOWEN, GREGORY
Address: 1384 BELVEDERE AVE
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE T. GRISSETT

MS.

03/03/2006

Electronic Signature of Signing Officer or Director

_____ Date