

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002957

FILED
Jan 12, 2009
Secretary of State

Entity Name: DOWNTOWN VISION ALLIANCE, INC.

Current Principal Place of Business:

214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3473060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNTOWN VISION, INC.
214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202 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: O () Delete
Name: CROSBY, STEVE
Address: 301 W BAY ST 8TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: O () Delete
Name: JENNINGS, MIKE
Address: 701 SAN MARCO BLVD 12TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: O () Delete
Name: WELCH, JOHN
Address: 1 INDEPENDENT DR STE 1300
City-St-Zip: JACKSONVILLE, FL 32202

Title: O () Delete
Name: SMITH, JEREMY
Address: 9540 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: SOUTHERLAND, JAMES
Address: 1300 RIVERPLACE BLVD. STE 400
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: STUCKEY, SCOTT
Address: 245 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FLAGG, CHRIS
Address: 220 E FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: O (X) Change () Addition
Name: SOUTHERLAND, JAMES
Address: 1300 RIVERPLACE BLVD. STE 400
City-St-Zip: JACKSONVILLE, FL 32207

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 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: TERESA LORINCE

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date