

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90004 042 \*\*\*\*61.25

**DOCUMENT # N94000000919**

1. Entity Name  
**ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) OF DUVAL COUNTY, FLORIDA, IN**



Principal Place of Business  
**MARY L. SINGLETON SENIOR CENTER  
 150 E. FIRST ST.  
 JACKSONVILLE, FL 32206**

Mailing Address  
**MARY L. SINGLETON SENIOR CENTER  
 150 E. FIRST ST.  
 JACKSONVILLE, FL 32206**



07012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3240143</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBSON, SALLY S.  
 RSVP ADVISORY COUNCIL  
 150 EAST FIRST ST.  
 JACKSONVILLE, FL 32206**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THALHEIMER, EL 12581 ASHLEN DR NORTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORNOR, GURDON 1500 AVONDALE AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ROBSON, SALLY S. 150 EAST FIRST ST. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sally S Robson* **Sally S Robson** 7/9/04 904/630-0998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #