


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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
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04052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3240143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

00000531281
05/06/06-80034-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THALHEIMER, EL 12581 ASHGLEN DR NORTH JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEARMAS, DEBBIE 5772 JULINGTON FOREST DRIVE., SOUTH JACKSONVILLE, FL 32258
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/18/06 (904) 630-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #