FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # 729918 (3)

1. Corporation Name

RIVERSIDE-AVONDALE PRESERVATION, INC.

100001795001
-04/29/96--01072--026
*****61.25

Principal Place of Business	Mailing Address
2623 HERSCHEL ST JACKSONVILLE FL 32204 US	2623 HERSCHEL ST JACKSONVILLE FL 32204 US

3. Date Incorporated or Qualified: 06/11/1974
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business	2a. Mailing Address
21 2623 Herschel St.	26 2623 Herschel St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville, FL.	28 Jacksonville, FL.
24 Zip 32204 25 Country Duval	29 Zip 32204 30 Country Duval

4. FEI Number: 59-6555835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEMIND, LINDA
3300 BARNETT CENTER
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: Hogan, Leslie L.
82 Street Address (P.O. Box Number is Not Acceptable): 60 N. Laura Street S 3300
83
84 City: Jacksonville FL 85 Zip Code: 32202

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: Leslie L. Hogan — 4/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☑ DELETE	1.1 TITLE	Chairman P	☑ Change ☐ Addition
NAME	SPINKS, JERRY R		1.2 NAME	Corrigan, Michael Jr.	
STREET ADDRESS	3215 OAK ST		1.3 STREET ADDRESS	1464 Avondale Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL. 32205	
TITLE	VP	☑ DELETE	2.1 TITLE	Vice Chair, VP	☑ Change ☐ Addition
NAME	CORRIGAN, MICHAEL		2.2 NAME	Snipes, Robin	
STREET ADDRESS	1464 AVONDALE AVE		2.3 STREET ADDRESS	1938 Hamilton Street	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	S	☑ DELETE	3.1 TITLE	Secretary S	☑ Change ☐ Addition
NAME	MITROVKA, JOHN		3.2 NAME	Hawkins, David	
STREET ADDRESS	3244 PARK ST		3.3 STREET ADDRESS	1863 Powell Place	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL. 32204	
TITLE	T	☑ DELETE	4.1 TITLE	Treasurer T	☑ Change ☐ Addition
NAME	WHITE, SOPHONIA		4.2 NAME	Paul J. Oroubie	
STREET ADDRESS	1290 TALBOT AVE.		4.3 STREET ADDRESS	1292 Avondale Ave	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D	☑ DELETE	5.1 TITLE	Member-at-large D	☑ Change ☐ Addition
NAME	CHAPMAN, DANIEL		5.2 NAME	Grandin, Susan C.	
STREET ADDRESS	3583 HERSCHEL ST.		5.3 STREET ADDRESS	1332 Avondale Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	D	☑ DELETE	6.1 TITLE	Member-at-large D	☑ Change ☐ Addition
NAME	MITROVKA, DEBORAH		6.2 NAME	Barnett, Peggy	
STREET ADDRESS	3244 PARK ST.		6.3 STREET ADDRESS	1531 Avondale Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32205	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4-10-96 904-389-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/28/96