

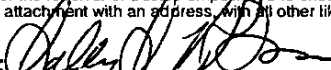


FILED
Apr 20, 2005 8:00 am
Secretary of State

DOCUMENT # N94000000919						Secretary of State 04-20-2005 90315 037 ****61.25	
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							
2. Principal Place of Business		3. Mailing Address		02102005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-3240143	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
				Name		Name	
				Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
				City		City	
				FL		Zip Code	
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, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T THALHEIMER, EL 12581 ASHGLENN DR NORTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD HORNOR, GURDON 1500 AVONDALE AVE JACKSONVILLE, FL 32205 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD DeArmas, Debbie 5772 Julington Forest Dr., S. Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MD ROBSON, SALLY S. 150 EAST FIRST ST. JACKSONVILLE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				4/13/05 924/630-0998			