

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729918

Entity Name: RIVERSIDE-AVONDALE PRESERVATION, INC.

Current Principal Place of Business:

2623 HERSCHEL STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

2623 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

FEI Number: 59-6555835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANKINSHIP, SHANNON
2623 HERSCHEL STREET
JACKSONVILLE, FL 32204 US

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: WARREN JONES

01/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SHELTON, BILL
Address 3205 ST. JOHNS AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name BUSCH, JIM
Address 2136 FORBES STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name DIETRICH, TENLEY
Address 3218 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name ANDREWS, BROOKS
Address 3623 PINE STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name CROWE, THAD
Address 3670 ELOISE STREET
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name SCHIFANELLA, ANGELA
Address 1352 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name DAVID, CHAUNCEY
Address 4335 IRVINGTON AVENUE
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY
Name ELIZABETH, LOFTIN
Address 3245 OAK STREET
City-State-Zip: JACKSONVILLE FL 32205

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I hereby 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 all other like empowered.

SIGNATURE: SHANNON BLANKINSHIP

EXECUTIVE DIRECTOR

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PYNE, DEBI
Address 2256 ST. JOHNS AVE.
City-State-Zip: JACKSONVILLE FL 32304

Title DIRECTOR
Name GRAF, JEFFERY
Address 1705 SEMINOLE ROAD
City-State-Zip: JACKSONVILLE FL 32205

Title EXECUTIVE DIRECTOR
Name BLANKINSHIP, SHANNON
Address 1071 TALBOT AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name FETNER, SONDR
Address 1464 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name BISHOP, MELODY
Address 704 ROSSELLE STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name WHITE, BEN
Address 1705 SEMINOLE ROAD
City-State-Zip: JACKSONVILLE FL 32205

Title CHAIRMAN
Name REYNOLDS, PERRY
Address 1525 AVONDALE AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name LANE, JEFF
Address 12770 JEBB ISLAND CIRCLE, S
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name CARMICHAEL, ALYSA
Address 2565 DELLWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32204