

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729918

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC5584229015**

**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:**

POWELL, NANCY  
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:** NANCY POWELL

03/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name POWELL, NANCY  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title SECRETARY  
Name CARR, LAWSON  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER  
Name SHELTON, BILL  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name DEVAULT, ALLAN  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name YOUNG, JANICE  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name MOSS, MARK  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name EISENBURG, IRIS  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name MILLER, DANIEL  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

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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:** NANCY POWELL

CHAIR

03/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PERKINS, JOI  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name PARIANI, RICK  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name BOTTOMLEY, CHRISTINA  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name CROWE, THAD  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name SCHIFANELLA, ANGELA  
Address 2623 HERSCHEL STREET  
City-State-Zip: JACKSONVILLE FL 32204