

2018 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:**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