

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002957

Entity Name: DOWNTOWN VISION ALLIANCE, INC.

Current Principal Place of Business:

214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202

Current Mailing Address:

214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202

FEI Number: 20-5076887

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOWNTOWN VISION, INC.
214 N HOGAN ST STE 120
JACKSONVILLE, FL 32202 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: JACOB A. GORDON

01/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title OFFICER
Name BUCKLAND, DEBBIE
Address 200 WEST FORSYTH STREET, 2ND FLOOR
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name BARAKAT, OLIVER
Address 225 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name LOWE, JANICE
Address 2 INDEPENDENT DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name REAM, JOHN
Address 131 EAST BAY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WALLACE, AUNDRA
Address 117 W DUVAL STREET, SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name CROSBY, STEPHEN
Address 6737 SOUTHPOINT DR. S. SUITE 100
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name DURANT-STUEBBEN, TERESA
Address 4168 SOUTHPOINT PARKWAY SUITE 101
City-State-Zip: JACKSONVILLE FL 32216

Title CEO
Name GORDON, JACOB
Address 214 N HOGAN STREET SUITE 120
City-State-Zip: JACKSONVILLE FL 32202

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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: JACOB A. GORDON ESQ.

CEO

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JENKS, TRACI
Address 121 W FORSYTH STREET
SUITE 900
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ADAMS, BILL
Address 225 WATER STREET
SUITE 1750
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCELHANEY, PATRICK
Address 501 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202