

2021 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

01/22/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title CHAIRMAN
Name SAISSELIN, NUMA
Address 128 EAST FORSYTH STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name DURAND-STUEBBEN, TERESA
Address 10407 CENTURION PKWY N
 SUITE 120
City-State-Zip: JACKSONVILLE FL 32256

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

Title SECRETARY
Name STEWART, KERRI
Address 21 WEST CHURCH STREET
 T16
City-State-Zip: JACKSONVILLE FL 32202

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

CEO

01/22/2021

Electronic Signature of Signing Officer/Director Detail

Date