#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002957

Entity Name: DOWNTOWN VISION ALLIANCE, INC.

FILED
Jan 25, 2019
Secretary of State
1945042973CC

### **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 01/25/2019

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title	VC	Title	TREASURER
Name	BARAKAT. OLIVER	Name	LOWE. JANICE

Address 225 WATER STREET Address 2 INDEPENDENT DRIVE

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name REAM, JOHN Name CROSBY, STEPHEN

Address 131 EAST BAY STREET Address 6737 SOUTHPOINT DR. S.

SUITE 100

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32216

Title CHAIRMAN

Name DURANT-STUEBBEN, TERESA Name GORDON, JACOB

Address 4168 SOUTHPOINT PARKWAY SUITE 101 Address 214 N HOGAN STREET

SUITE 120

Title

JACKSONVILLE FL 32216

City-State-Zip: JACKSONVILLE FL 32210 City-State-Zip: JACKSONVILLE FL 32202

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 JENKS, TRACI
 Name
 ADAMS, BILL

Address 121 W FORSYTH STREET SUITE 900 Address 225 WATER STREET

SUITE 1750

City-State-Zip: JACKSONVILLE FL 32202

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

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CEO

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 01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name SAISSELIN, NUMA

Address 128 EAST FORSYTH STREET

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name STEWART, KERRI

Address 21 WEST CHURCH STREET

T16

City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR

Name HIGGINS, ERIK J.

Address 225 WATER STREET

City-State-Zip: JACKSONVILLE FL 32202