

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**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

01/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name JENNINGS, MIKE  
Address 701 SAN MARCO BLVD., 12TH FL  
City-State-Zip: JACKSONVILLE FL 32207

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

**Continues on page 2**

*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

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BROWN, J. KEITH  
Address 121 W FORSYTH STREET, 2ND FLOOR  
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 DIRECTOR  
Name ADAMS, BILL  
Address 225 WATER STREET  
SUITE 1750  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name SOUTHERLAND, JAMES  
Address 3728 PHILLIPS HWY  
SUITE 360  
City-State-Zip: JACKSONVILLE FL 32207

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