

**2014 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:** 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:** THERESA LORINCE

01/09/2014

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 76 S. LAURA STREET, 23RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER  
Name KING, DAN  
Address 225 E. COASTLINE DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

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

Title OFFICER  
Name PRESCOTT, BILL  
Address 4811 BEACH BOULEVARD  
300  
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR  
Name TOPPI, SARAH  
Address 50 N LAURA STREET  
SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32202

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

**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:** DEBBIE BUCKLAND

CHAIR

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WALLACE, AUNDRA
Address	1 WEST ADAMS STREET 3RD FL
City-State-Zip:	JACKSONVILLE FL 32202