

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002957

FILED
Jan 08, 2015
Secretary of State
CC0521531231

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: THERESA LORINCE

01/08/2015

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 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 OFFICER
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

Title DIRECTOR
Name WALLACE, AUNDRA
Address 1 WEST ADAMS STREET
3RD FL
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: THERESA LORINCE

EXECUTIVE DIRECTOR

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name BROWN, J. KEITH
Address 100 N. MYRTLE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LORINCE, THERESA
Address 214 N HOGAN STREET
SUITE 120
City-State-Zip: JACKSONVILLE FL 32202

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

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