

2013 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: 59-3473060

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

04/02/2013

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 FLAGG, CHRIS
Address 220 E FORSYTH STREET
City-State-Zip: JACKSONVILLE FL 32202

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 DIRECTOR
Name FRAZIER, ED
Address 1300 RIVERPLACE BLVD
SUITE 2300
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

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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: CHRIS FLAGG

CHAIR

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PRESCOTT, BILL
Address ONE EVERBANK FIELD DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name CRAWFORD, PAUL
Address 117 W DUVAL STREET
 SUITE 275
City-State-Zip: JACKSONVILLE FL 32202