

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000919

**Entity Name:** ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP) OF DUVAL COUNTY, FLORIDA, INC.

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC4490970320**

**Current Principal Place of Business:**

150 EAST 1ST STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

150 EAST 1ST STREET  
JACKSONVILLE, FL 32206

**FEI Number: 59-3240143**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ADVISORY COUNCIL OF THE RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)  
OF DUVAL  
150 EAST 1ST STREET  
JACKSONVILLE, FL 32206 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: HELEN LUDWIG**

**02/05/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name ROBINSON, ANGELA  
Address 1241 HART STREEET  
City-State-Zip: JACKSONVILLE FL 32209

Title VC  
Name FEGGANS, ERNESTINE  
Address 5762 MERRILL ROAD #39  
City-State-Zip: JACKSONVILLE FL 32277

Title T  
Name MILLER, CLAUDIA  
Address 601 N. OCEAN STREET #209  
City-State-Zip: JACKSONVILLE FL 32202

*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: ANGELA ROBINSON**

**CHAIR**

**02/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date