

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005103

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC4375078029**

**Entity Name:** DOWNTOWN VISION, INC.

**Current Principal Place of Business:**

214 N. HOGAN ST., #120  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

214 N. HOGAN ST., #120  
JACKSONVILLE, FL 32202

**FEI Number: 59-3473060**

**Certificate of Status Desired: Yes**

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

LORINCE, THERESA C  
214 N. HOGAN ST., #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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title O  
Name BUCKLAND, DEBBIE  
Address 76 S. LAURA STREET, 23RD FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name LORINCE, THERESA C  
Address 214 N. HOGAN ST., #120  
City-State-Zip: JACKSONVILLE FL 32202

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

Title O  
Name KING, DAN  
Address 225 E. COASTLINE DRIVE  
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: THERESA LORINCE**

**EXECUTIVE DIRECTOR**

**01/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date