

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005103

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

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

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date