

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005103

FILED
Jan 22, 2015
Secretary of State
CC6503686263

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

Title OFFICER
Name PRESCOTT, BILL
Address 4417 BEACH BOULEVARD
SUITE 302
City-State-Zip: JACKSONVILLE FL 32207

Title OFFICER
Name BUCKLAND, DEBBIE
Address 200 W. FORSYTH STREET, 2ND
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 OFFICER
Name BARAKAT, OLIVER
Address 225 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title OFFICER
Name LOWE, JANICE
Address 2 INDEPENDENT DRIVE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ADAMS, BILL
Address 225 WATER STREET
SUITE 1750
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ALLIGRETTI, TONY
Address 300 W WATER STREET
SUITE 201
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: THERESA LORINCE

EXECUTIVE DIRECTOR

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BROWN, J. KEITH
Address 121 W FORSYTH STREET, 2ND FLOOR
City-State-Zip: JACKSONVILLE FL 32202

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

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

Title DIRECTOR
Name JENKS, TRACI
Address 121 W FORSYTH STREET
SUITE 900
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCELHANEY, PATRICK
Address 501 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name NASERI, ALLISON
Address 1431 RIVERPLACE BLVD
#3405
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name REDMAN, DON
Address 117 W. DUVAL STREET
SUITE 425
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name TOPPI, SARAH
Address 50 N LAURA STREET
SUITE 2850
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name WALLACE, AUNDRA
Address 117 W. DUVAL STREET
SUITE 310
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name BURNS, VICKI
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name DAVIS, JED
Address 4310 PABLO OAKS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name GOLDMAN, BURNELL
Address 245 WATER STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCCORMACK, VINCE
Address 5 W FORSYTH STREET
SUITE 100
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MERRICK, DOROTHY
Address 400 EAST BAY STREET
SUITE 406
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 SAISSSELIN, NUMA
Address 128 EAST FORSYTH STREET
City-State-Zip: JACKSONVILLE FL 32202

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