

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 042 ****61.25

DOCUMENT # N94000000919

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



Principal Place of Business
**MARY L. SINGLETON SENIOR CENTER
150 E. FIRST ST.
JACKSONVILLE, FL 32206**

Mailing Address
**MARY L. SINGLETON SENIOR CENTER
150 E. FIRST ST.
JACKSONVILLE, FL 32206**



07012004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3240143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBSON, SALLY S.
RSVP ADVISORY COUNCIL
150 EAST FIRST ST.
JACKSONVILLE, FL 32206**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THALHEIMER, EL
12581 ASHLEN DR NORTH
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HORNOR, GURDON
1500 AVONDALE AVE
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
ROBSON, SALLY S.
150 EAST FIRST ST.
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sally S Robson
Sally S Robson

7/19/04 904/630-0998
Date Daytime Phone #