

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000919

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

150 EAST 1ST STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

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

New Mailing Address:

150 EAST 1ST STREET
JACKSONVILLE, FL 32206

FEI Number: 59-3240143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROBSON, SALLY S.
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: SALLY S. ROBSON

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LUDWIG, HELEN
Address: 3528 MAJESTIC OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD () Delete
Name: DEARMAS, DEBBIE
Address: 5772 JULINGTON FOREST DRIVE., SOUTH
City-St-Zip: JACKSONVILLE, FL 32258

Title: MD () Delete
Name: ROBSON, SALLY S.
Address: 150 EAST FIRST ST.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: MCQUAIN, JOANNE
Address: 729 PEPPERVINE AVENUE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MD (X) Change () Addition
Name: ROBSON, SALLY S.
Address: 150 EAST FIRST ST.
City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLY S. ROBSON

MD

04/14/2009

Electronic Signature of Signing Officer or Director

Date