

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000919

FILED  
Jul 30, 2012  
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:**

150 EAST 1ST STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

150 EAST 1ST STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

FEI Number: 59-3240143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHY, MICHAEL  
150 EAST 1ST STREET  
JACKSONVILLE, FL 32206 US

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

CURE, WILLIAM  
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: WILLIAM CURE

07/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: CURE, WILLIAM  
Address: 11110 WOODLUM DRIVE W.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VC  
Name: ROBINSON, ANGELA  
Address: 1241 HART STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T  
Name: MILLER, CLAUDIA  
Address: 601 N. OCEAN STREET #209  
City-St-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: WILLIAM CURE

C

07/30/2012

Electronic Signature of Signing Officer or Director

Date