


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90106 015 \*\*\*\*62.50

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N97000006940</b>					
<b>1. Corporation Name</b> <b>RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC</b>					
<b>Principal Place of Business</b> 2623 HERSCHEL ST. JACKSONVILLE FL 32204			<b>Mailing Address</b> 2623 HERSCHEL ST. JACKSONVILLE FL 32204		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> 12/15/1997	
<b>22. City &amp; State</b>		<b>27. City &amp; State</b>		<b>4. FEI Number</b> 59-3479859	
<b>23. Zip</b>		<b>28. Zip</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>24. Country</b>		<b>29. Country</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> GRISSETT, BONNIE T 2623 HERSCHEL ST. JACKSONVILLE FL 32204			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
<b>11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>MCGOVERN, JAMES J</b> STREET ADDRESS <b>1833 WILLOWBRANCH TERRACE</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32205</b>			1.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Smith, Darrell J.</b> 1.3 STREET ADDRESS <b>1521 Talbot Avenue</b> 1.4 CITY-ST-ZIP <b>Jacksonville, FL 32205</b>		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>SMITH, BERNARD E</b> STREET ADDRESS <b>1481 AVONDALE AVE.</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32205</b>			2.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>Susan E. Bancks</b> 2.3 STREET ADDRESS <b>3835 Oak St</b> 2.4 CITY-ST-ZIP <b>Jacksonville, FL 32205</b>		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>BANCKS, SUSAN E</b> STREET ADDRESS <b>3835 OAK ST.</b> CITY-ST-ZIP <b>JACKSONVILLE FL 32205</b>			3.1 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Bernard E. Smith</b> 3.3 STREET ADDRESS <b>1481 Avondale Avenue</b> 3.4 CITY-ST-ZIP <b>Jacksonville, FL 32205</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

**14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE:

*Bonnie T. Grissett*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Bonnie T. Grissett

4-28-99

904-389-2449

CR2E037 (1/98)