


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-16-2004 90061 045 ****61.25

DOCUMENT # N97000006940 1. Entity Name RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC.			
Principal Place of Business 2623 HERSCHEL ST. 2ND FLOOR JACKSONVILLE, FL 32204 US		Mailing Address 2623 HERSCHEL ST. 2ND FLOOR JACKSONVILLE, FL 32204 US	
2. Principal Place of Business 2356 MYRA ST.		3. Mailing Address 2356 MYRA ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.	
Zip 32204		Zip 32204	
Country USA		Country	
6. Name and Address of Current Registered Agent KING, CANDYCE EXD 2623 HERSCHEL ST. 2ND FLOOR JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name Lew Belkin Street Address (P.O. Box Number is Not Acceptable) 2356 MYRA ST JACKSONVILLE City FL Zip Code 32204	
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 Lew Belkin <i>[Signature]</i> 2-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small> DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, DARRELL J <input type="checkbox"/> Delete 1521 TALBOT AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BANCKS, SUSAN E 3835 OAK ST. JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MAUREEN SHARON 2137 OAK STREET 11 JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete BURNETT, ELAINE 2616 GREEN ST JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MERTEN, TOM 2804 POST STREET JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEITH, BRIAN 4313 BALTIC STREET JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Lew Belkin <i>[Signature]</i> Exec DIR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-12-04 Daytime Phone # 904 3810950	