


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90271 032 ****61.25

DOCUMENT # N97000006940 1. Entity Name RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC.			
Principal Place of Business 2356 MYRA ST. 2ND FLOOR JACKSONVILLE, FL 32204 US		Mailing Address 2356 MYRA ST. 2ND FLOOR JACKSONVILLE, FL 32204 US	
2. Principal Place of Business <i>2356 Myra St.</i> Suite, Apt. #, etc.		3. Mailing Address <i>2356 Myra St.</i> Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i> Zip <i>32204</i>		City & State <i>Jacksonville, FL</i> Zip <i>32204</i>	
Country		Country	
4. FEI Number 59-3479859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELKIN, LEW 2356 MYRA ST. 2ND FLOOR JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name <i>Susan Bancks</i> Street Address (P.O. Box Number is Not Acceptable) <i>2356 Myra St</i> City <i>Jacksonville, FL</i> Zip Code <i>32204</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 1521 TALBOT AVENUE JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANCKS, SUSAN E 3835 OAK ST. JACKSONVILLE, FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAUREEN, SHARON 2137 OAK STREET 11 JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BURNETT, ELAINE 2616 GREEN ST JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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 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: <i>Susan E. Bancks</i> <i>4-21-2005</i> <i>904 381-0950</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			