# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2007**
**Secretary of State**

DOCUMENT# N97000006940

**Entity Name:** RIVERSIDE AVONDALE DEVELOPMENT ORGANIZATION, INC.

**Current Principal Place of Business:**

881 STOCKTON ST
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

881 STOCKTON ST
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number: 59-3479859** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BANCKS, SUSAN
881 STOCKTON ST
JACKSONVILLE, FL 32204 US

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

RAMOS, TAMMY
875 STOCKTON ST
JACKSONVILLE, FL 32204 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: TAMMY RAMOS 04/19/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: S (X) Delete
Name: SMITH, DARRELL J
Address: 1521 TALBOT AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: C (X) Delete
Name: BANCKS, SUSAN E
Address: 3835 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: VC ( ) Delete
Name: MAUREEN, SHARON
Address: 2137 OAK STREET 11
City-St-Zip: JACKSONVILLE, FL 32204

Title: T ( ) Delete
Name: BURNETT, ELAINE
Address: 2616 GREEN ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: MERTEN, TOM
Address: 2804 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: KEITH, BRIAN
Address: 4313 BALTIC STREET
City-St-Zip: JACKSONVILLE, FL 32210

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition
Name: MAUREEN, SHARON
Address: 2137 OAK STREET 11
City-St-Zip: JACKSONVILLE, FL 32204

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

Title: S (X) Change ( ) Addition
Name: MERTEN, TOM
Address: 2804 POST STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: P (X) Change ( ) Addition
Name: DECKER, DOUG
Address: 2629 CLINTON CORNERS DR
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUG DECKER P 04/19/2007
Electronic Signature of Signing Officer or Director Date